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The Place2Be in the Inner City: How can a Voluntary Sector Mental Health Service have an Impact on Children's Mental Health and the School Environment?

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M00197132 cohort 10

Middlesex University and Metanoia Institute

Doctor in Psychotherapy by Professional Studies

May 2012

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Timeline for the Research Journey

Part 1 Year 1 2007 / 2008	<ol style="list-style-type: none">1. RPPL-DPY 4421 Credits 202. Peer Research Group3. Research Challenges DPY 44424. First draft of draft research proposal and peer presentation5. Interview six school project managers in South London inner city schools for PEP6. Submission of PEP DPY4443 Credits 40
Part 1 Year 2 2008 / 2009	<ol style="list-style-type: none">1. Research Challenges DPY 4442 Credits 402. Submission of learning agreement DPY 4444 (revisions required)3. Re-submission of DPY4444 (approved)4. Attendance at two candidate peer presentations5. Application to the Place2Be research and advisory group – for ethical approval for research
Part 2 Year 3 2009 / 2010	<ol style="list-style-type: none">1. Professional knowledge seminar April 30th 2010 – Research as a vehicle for personal and professional integration (Els van Ooijen)2. Professional knowledge seminar June 30th 2010 – Power and politics in phenomenological research (Darren Langridge)3. Permission granted by Metanoia Research and Ethics Committee

Year 4
2010 / 2011

1. Professional knowledge seminar
November 19th 2010 – Reflexive activism
in the current NHS (Kathryn May)
2. Professional knowledge seminar January
28th 2011 – Supervision: The co-creation
of an effective learning environment
(Maria Gilbert)
3. Professional knowledge seminar February
25th 2011 – Searching to understand: a
different mode of psychological inquiry
(Miller Mair)
4. Professional knowledge seminar May 20th
2011 – Spirituality and mental health
(Nigel Copsey)
5. RAL5 submitted – (passed) Credits 120
at level 5
6. Professional knowledge review –
(passed) Credits 40
7. 2nd and 3rd meeting of co-operative
inquiry group
8. Interview two Place2Be children, two
parents and two therapists.

Year 5
2011 / 2012

1. Final meeting of co-operative inquiry
group to review final project February
2011
2. Submission of medium project DPY
5240 plus RAL5
3. Viva April 2012 – (passed with minor
conditions)
4. Re-submission of DPY 5240, May
2012 Credits 120
5. Award confirmed May 2012

This work is dedicated to Dr. Graeme Arthur Thomson for his patience and support throughout and for the many hours' typing.

Chapter 1: INTRODUCTION

“The only true voyage of discovery...would not be to visit strange lands but to possess other eyes, to behold the universe through the eyes of another, of a hundred others, to behold the hundred universes that each of them beholds, that each of them is.”

(Marcel Proust, 1941, Remembrance of Things Past)

- **Child Mental Health and Risk Factors in the United Kingdom**
- **Early Influences on the Doctoral Vision**
- **Description of The Place2Be Model**
- **Personal and Professional Motivation for Doctorate**

The Place2Be is a charity and voluntary organisation that was established, in 1994, to improve the emotional well-being of children, their families, teachers and the school community. The Place2Be works mainly in primary schools, but over the past five years has established a school-based mental health programme in 172 primary schools; it has also piloted a successful model of therapeutic support to 14 secondary schools, for pupils in years seven and eight; (pupils aged eleven to thirteen), to support children with transitional, emotional and psychological difficulties.

A child's formative years have a huge impact on their development and long-term prospects. It is estimated that more than one million children in the United Kingdom, under the age of 15 have a diagnosable mental health problem; however, a high proportion of these children do not receive a mental health intervention. A recent analysis of a large scale longitudinal study (Kim-Cohen, Caspi, Moffitt, Harrington and Milne, 2003) indicated that seventy-five per cent of those who met criteria for one of the 17 mental disorders at 26 years of age had a disorder diagnosed by the age of 18, fifty-seven per cent by the age of 15. A third of those treated for depression, at the age of 26 had diagnosable mood symptoms in childhood.

Conduct problems or oppositional behaviour, which is manifest in the primary school environment, is leading to rising numbers of children being permanently excluded from school, and there is particular concern at the large percentage of Afro-Caribbean boys in this cohort. In a study of child and adolescent mental health needs, assessment and service implications in the inner city area of Camberwell and Peckham, in South London, (Davies, et al., 2000), the study found high levels of need for mental health services, with thirty-seven per cent of the children studied with three or more mental health problems and fifty-one per cent with three or more risk factors. The same study reflected on the high DNA rate (did not attend) of children with multiple risk factors, and looked at the reasons for reluctance to attend for parents and children, in the local CAMHS clinic. During my current research, I found the aforementioned paper to be one of the most influential and inspiring in the preparation for this final project, and wish to reflect on the impact of a school-based mental health service.

On a national level, there has been a plethora of initiatives to address the social and emotional needs of primary school children, in the United Kingdom; The Social Inclusion Agenda, 2000; Children in Mind – Audit Commission, 2000; Child Poverty Review, 2004; the Children’s National Service Framework, 2004; Every Child Matters, 2004; Social and Emotional Aspects of Learning, Seal, 2005; Healthy Schools Programme (DES, 2005); and the establishment of Pathfinder Trusts, in 2008, to provide early intervention mental health services in an initial 25 local education authorities, in the United Kingdom.

A recent announcement by the government intends to extend this targeted mental health support programme (TAMHS) to an additional 50 areas, in England, Wales and Northern Ireland, from 2009/2010, and to develop and commission innovative and flexible mental health services to schools.

According to a survey conducted, in 2004, by the Office of National Statistics:

- Ten per cent of children and young people aged 5 to 16 have a mental disorder that is associated with “considerable distress and substantial

interference with personal functions”. The majority of these disorders fell into the categories of emotional, conduct or hyper-kinetic disorder.

- One per cent has a variety of less common disorders, such as autistic spectrum disorder or an eating disorder.
- Many of the children and young people with an established mental disorder (and some two per cent have more than one disorder) will continue to have difficulties, well into adult life.
- Mental disorders are more common in boys than girls and will manifest in adolescence, although their origin can be identified in primary school.
- There is considerable evidence that risk factors for mental ill-health in primary children are linked with socio-economic deprivation and vulnerability.
- There is also a good and rapidly improving evidence base for therapeutic interventions, which help parents, families and children, to encourage good attachment.

There is a great deal of research and literature on school-based mental health, in the United States; however, the United Kingdom context is relatively sparse, which emphasises the significance of this doctoral study.

Wilson (2004) was influential in emphasising the school context as a natural and accessible context for therapeutic support for children with a wide range of problems and psychological disturbance. His book gives an account of the complexity and diversity of the development of mental health in children, and the necessary understanding and support of teaching staff, as well as clinicians, in addressing early mental health intervention in children. This text was particularly challenging to my understanding of school-based mental health, since it emphasised the risk factors of children who are experiencing attachment difficulties, divorce, separation and domestic violence, within the home. I found this text to be particularly influential, in highlighting the multiple risks of boys and, specifically, Afro-Caribbean boys, to the risk of exclusion.

Rendall and Stuart (2005) examined the phenomena of children excluded from school. They considered sources of stress in the families with attachment issues, and the risk factors for children with conduct difficulties. They are particularly alert to the need for systemic practice for mental health, and emphasise the attention of educational professionals, to ameliorate low self-esteem within children with risk factors, in the home.

Allen and Duncan-Smith (2008) attended to the issues of “hard to reach” children in families, and the inter-generational impact of abuse, socio-economic deprivation, addiction and family breakdown. They call for political action, and an early intervention strategy, and provide relative costings and data for socio-economic costs, relating to youth and adult offending, custodial sentences, substance misuse programmes and pupil referral units. I found this book on early intervention to be particularly illuminating and influential, since it emphasises “breaking the cycle” of poverty and mental health risks for children, by providing emotional support services and counselling to the child and parent. Furthermore, I was particularly influenced by the chapter on children living with domestic violence and the impact of parental substance misuse on the child’s mental health.

Vostanis (2007) has published a collection of papers from psychotherapists, in considering approaches to vulnerable children. The papers address children who have experienced trauma, abuse and neglect, and link theory with practice, evidence and policy, to address the needs of the “hard to reach” and “hard to help”.

This literature has influenced my research vision, by emphasising the need to provide targeted support and training to schools and Place2Be practitioners. I had, initially, understood a school-based mental health service as offering therapeutic interventions, in an undifferentiated approach to whole school population. This literature review has alerted me to the different needs of vulnerable children and families, and linked different strategies and approaches, in intervention to these problems.

This final project will reflect on the impact of a school-based mental health service by The Place2Be, in a cluster of primary schools located in an area of high

deprivation, in Southwark and Greenwich, in South East London, and Brent in North London. The Place2Be provides a school-based mental health service in 172 schools, in the United Kingdom, and has a vision to expand to six new areas of the United Kingdom, by 2013. The charity aims to reach an additional 40,000 children, in a model of effective early intervention, with children with mental health problems at tier one and two level of mental health provision. A standardised model of service delivery exists, which is usually provided, two and a half days per week. Within this model, the following services are provided: short and long-term counselling to twelve children each week, a lunchtime drop-in service called The Place2Talk for eight children, each week, and group work on a Kolvin model of six children for eight sessions of group therapy. Each school project manager manages a team of four volunteer counsellors who provide the one-to-one sessions to children. School project managers are responsible for undertaking the clinical assessment of children referred by school staff, meeting with parents, teachers and the child. The assessment consists of using the Goodman Strengths and Difficulties questionnaire, pre- and post-intervention, in an attempt to define the child's risk factors, resilience and difficulties from the perspectives of the child, class teacher and parent. School project managers are responsible for managing this service, ensuring that quantitative and qualitative data are obtained and recorded in an end of term report. However, their emotional experience, beliefs and rapport are not recorded or examined in this data, and there is no attention paid to the cumulative effect of holding and containing such a diverse range of needs. This study explores the efficacy, benefits and barriers to the provision of a mental health service, in primary schools.

The organisation has also established eleven parent workers, working across eleven schools, to support parents who have a child receiving a Place2Be therapeutic intervention, and to provide them with short- and long-term counselling and psychotherapy, ranging from three to twelve months. The organisation is currently piloting work in the Early Years Children's Centres, to support parents and children under five years of age, with counselling and play therapy for children. Indeed, the charity was established in response to increasing concern about the extent and depth of emotional and behavioural difficulties experienced by children in schools, and

the difficulties in accessing external services and professionals to support the child in the school.

The Place2Be provides an integrated, responsive and flexible school-based mental health service comprising:

- one-to-one counselling sessions for fifty minutes, ranging from one term to one year;
- group therapy, based on a Kolvin model for six children with two adult group facilitators, in an eight-week programme;
- The Place2Talk, a lunchtime self-referral service, open to all pupils in a Place2Be school (both individual children and groups);
- The Place2Think, a consultation service to teachers and school staff to consider a child's behaviour and the provision of therapeutic guidance and advice to the staff member;
- a Place for Parents, a counselling service for parents;
- a referral and assessment service to establish a child's needs, and to refer them to a Place2Be intervention, or an appropriate external service.

As a menu of interventions, there are several distinct characteristics:

- It is embedded in the school system and offers a range of therapeutic interventions in a normal setting, thus reducing the possibility of stigma for child and family.
- It has a clear evidence base to assess the impact on children employing the Goodman Strength and Difficulties questionnaire, and the Core OM for parents, (Clinical Outcomes in the Routine Evaluation Outcome Measure).
- It offers a range of interventions, including universal (The Place2Talk) and targeted individual counselling, for twelve to eighteen children, based on a service model from two and a half to four days, per week.
- The service is systemic and engages a range of stakeholders, from children and parents, to school staff and external professionals and agencies.

- The Place2Be aims to provide consistent ongoing therapeutic support, and although there are two new programmes which have opened, in East Lothian, Scotland and Shoreditch, in 2010, many areas or “hubs” have had The Place2Be in the school for an average of ten years.
- The Place2Be targets those children who may present with emotional and behavioural difficulties, at school, and therefore either be at risk of exclusion, or who are having difficulties in the classroom, and who are disruptive or unable to concentrate, and may be failing to engage with attainment goals or targets.
- The Place2Be provides services primarily for children at tiers one and two of the Common Assessment Framework, aiming at promoting emotional well-being, working with children at risk, and preventing the worsening of emotional problems which may escalate into conduct disorders. However, as this study may reveal, the service is often responding to referrals from school professionals who are concerned about children at tier three who have complex problems, with several risk factors for mental ill-health, or disturbance, which may persist into secondary school and adult life.
- The aim of the therapeutic service is to provide a professional team comprising of a qualified counsellor or clinician and between four to eight volunteer counsellors, depending on the size of the model, who may be qualified, or in the latter stages of their therapeutic training. They provide counselling in a dedicated Place2Be room in the school, and enable children to explore problems and their life situation through talking, art psychotherapy and play, and creative work, to promote self-esteem, emotional resilience and coping strategies, to enable the child to cope with stress and distress in their home or school life.

1.1 The Place2Be Core Model

The Place2Be works with children, in order to help them understand, address and cope with their emotional reactions to the difficulties and / or challenging circumstances they face. These can include the effects of disrupted early attachment relationships, physical and mental abuse, racial discrimination,

parental drug and alcohol problems, street and domestic violence, family breakdown and bullying.

The Place2Be focuses on intervening, early, to prevent the downward spiral that can occur in adolescence and later life problems, if children's difficulties and problems are left unaddressed, e.g. poor behaviour in school, truanting and exclusion, low academic achievement, involvement in crime, drug / alcohol abuse by parents or family members, breakdown in family relationships, teenage pregnancy and poor social relationships.

Social, emotional and behavioural skills underlie every aspect of life, and when children have these skills, they can sustain friendships, solve problems and learn to manage strong feelings, such as frustration, anger and anxiety (Hart et al., 2009).

The Place2Be support, therefore, can help to enhance learning and improve educational attainment which, in turn, can significantly increase a child's life chances – particularly in regard to breaking the cycle of deprivation and making healthy life choices (Hart, et al., 2009).

The clinical staff at The Place2Be comes from a broad range of theoretical backgrounds. Over the years, this breadth of experience has shaped how the charity delivers the service in schools. The service, in turn, has enabled a core therapeutic model to evolve, which reflects the diversity of the organisation, but is also something substantial in its own right.

The **core elements** of The Place2Be can be described under four headings which are the cornerstones of the organisation: **Relationship, Self-awareness, Play and Change**. The quality of the therapeutic **relationship** is one of the most accurate predictors of outcomes. A safe and helpful therapeutic relationship depends on a high level of **self-awareness** from the therapist. **Play** is the language of the child and a vital part of child development. The therapist needs to be playful, in order to hear, properly, what the child wants to express. It is a combination of these three elements that affects the fourth: positive **change** for the child.

1.2 Relationship

A good therapeutic alliance with a child is where the therapist is able to:

- create a warm and safe environment where the child feels heard and can mobilise his or her thoughts and emotional responses in the room, to further their understanding of the child;
- join with the child, in such a way as to be able to receive the child's world / story, from the child's point of view;
- negotiate a clear contract with the child and express it on paper, (the contract will describe the nature of the relationship between child and counsellor, as well as establishing other boundaries);
- acknowledge the power difference between the counsellor and the child, and ensure that the child is entering in to the therapeutic relationship willingly, (a child's consent for therapeutic work is always sought and respected);
- view the child in the context of family and school, using an integrative approach which includes important developments in systemic ideas;
- work with other agencies to provide the right kind of intervention for each child;
- accept and survive, whatever difficult feelings the child may bring in to the room;
- appreciate the potential creativity of conflict;
- stay with the child, without necessarily knowing what is on the child's mind.

1.3 Self-awareness

Self-awareness is what enables the therapist to use his or her self, helpfully and safely in the therapeutic relationship. It is important that the therapist has experienced the power of play, and / or creativity, to deepen their understanding of themselves; it is also important that the therapist has experienced being a

client and that they manage their own thoughts, feelings and reactions to the child.

The role of the therapist is to feel and think and to be both observer and participant. They should be open to their own reflexivity and personal process. Supervision is a continuation of the work, to support the child and the therapist, in the school. Making use of supervision is a skill that develops alongside how to be in the room, and enhances the therapist's level of self-awareness. Therefore, a commitment to continued professional development and training is essential for the therapist to develop personally and professionally.

1.4 Play

Children instinctively play, in order to sort out or understand their worlds, and the child's identity and sense of self is formed by developing and telling his or her own story. Play is the language of the child and a vital part of child development (Geldard & Geldard, 1997). The therapist needs to be playful, to join with the child, and hear their story. It is important to honour the child's chosen medium to communicate; (paint, clay, small world toys, sand, etc.).

The therapist needs to meet the child at their appropriate level of development, and to acknowledge the anxiety that many children may feel, when playing with an adult. There are many helpful ways in which to interpret the child's play, both verbally and non-verbally. All interpretations should be considered in the context of the relationship, and with the use of supervision.

Self-expression through metaphorical play can have a healing function, on its own. It is not always necessary for the child or the therapist to know what an image or idea represents.

1.5 Change

The Place2Be has an enabling, supporting and strengthening function. Moreover, The Place2Be is not a deficit model, but rather can focus on capabilities and resiliencies, as well as helping children to manage their pain

and/or difficulties. The organisation is committed to working therapeutically with young children, because that is when they are most receptive to new and more adaptive ways of thinking and being. Developments in neuroscience suggest that positive physiological changes can take place in the brain, in response to a supportive relationship (Hart, et al., 2009).

The whole school may benefit from having a service such as The Place2Be, and this will be explored, in this study. In this context, The Place2Be's beliefs and practices have changed and developed, in response to the needs of the schools, over the last sixteen years, and this will be explored in this study.

Indeed, the model was created, in 1994, by building on the work of Durlak (1993 & 1995) and Rutter (1975) and the standard approach of systemic thinking by educational psychology. There is no component of The Place2Be model which is original. Short- and long-term therapeutic work for children, group work, circle time and the use of play and art therapy have been used by clinicians and educational psychologists, for the last thirty years. The one original idea which may be attributable to The Place2Be has been the attempt to combine these techniques and therapeutic approaches into a coherent model which is consistent and sustainable in a cluster of schools. Inevitably, the model has adapted, over the fourteen years of my involvement within the organisation and my professional and clinical contributions have been described in my RAL5 submission; however, The Place2Be model was agreed by the chief executive and the trustees of The Place2Be, the year before I joined the organisation, in 1994. Although the model has been adapted by the introduction of parent counselling, in 2005, the expansion to offer therapeutic work in secondary schools, in 2007, and the piloting of parent work in early year centres, in 2010, and The Place2Think consultation for teachers, in 2012, the theoretical basis for the clinical work has remained integrative and is a synthesis of play and art therapy, psychodynamic concepts of attachment theory and a person-centred theory and approach, in relation to child and parent work.

These four elements provide a framework of reference for every stage of the therapeutic process. The Place2Be core model uses this framework to integrate

ideas and techniques from a variety of approaches. It acknowledges the history and influence of psychodynamic thinking, as well as embracing systems' theory, and the core conditions of the person-centred approach. At the centre of The Place2Be core model is an understanding of attachment theory, and developments in this field.

Two diagrams at the end of this chapter illustrate the geographical location of the regions and schools and the elements of the core model. The Place2Be works with children and adults from a broad range of social, racial and cultural backgrounds and acknowledges the need to be flexible in its approach, thus ensuring that each therapeutic contract, or referral, respects the unique needs of every client. The Place2Be core model focus is on the effective common factors of different theoretical models, rather than on the techniques used in the room. The Place2Be's four elements reflect these common factors.

Since The Place2Be intends to remain in each school which has chosen to work in partnership, the service benefits the whole school community, by developing insight and skills into children's emotional well-being and difficulties, providing solutions to children's challenging behaviour and encouraging psychological capacity amongst teaching staff, parents and children, to enhance the emotional literacy of the school.

This doctoral study will seek to explore and examine the impact of a school mental health service on the children who use The Place2Be service, and the wider school community by researching the qualitative experience of the key stakeholders: head teachers, children, parents and The Place2Be therapists, who are the school project managers, and volunteer counsellors.

The research will begin by providing a literature review of texts which have been influential on my clinical thinking and professional development, over the last fifteen years. Inevitably, I have had to be highly selective in choosing writers and researchers which resonate with my personal experience, within The Place2Be, and which add or amplify a complementary perspective on children's

mental health in schools, and children who are living in the context of the inner city.

Chapter 3 will be a study of six school-based therapists, in the inner city, in Southwark, which will employ the grounded theory research method (Strauss and Corbin, 2008), to reflect the experience and subjective “truths” of the experience of mental health professionals. I shall employ the grounded theory method, in Chapter 4, to reflect the views and experience of six head teachers, in Brent, Southwark and Greenwich to The Place2Be school-based mental health service. Chapter 5 will introduce the co-operative inquiry group (Heron, 1971, 1996) and (Reason, 1994), and will reflect the experience of twelve members of the group who, it is anticipated, will give this study methodological rigour, as they will be reviewing the entire dissertation, and will be particularly important in attending to the ethics and integrity in participant research, interviews and my own reflections and experience. Chapter 6 will be a qualitative research study involving two children in a long-term Place2Be therapeutic intervention, their parents and therapists, to reflect on the experience of counselling for the participants.

Placing myself at the heart of this research will be critically important and I shall, therefore, attempt to offer an attitude of reflexivity throughout the entire undertaking. This will be explored by myself and the members of the co-operative inquiry group, in depth, in Chapter 5, as an experience of challenge and reflection on the research design and decisions regarding participant involvement and engagement. Reason, 1994, has stressed the importance of critical subjectivity and commitment to the value of ethical research, and I shall attempt to integrate this ethical commitment into my research design and approach to participants.

Heron (1996) has written of the importance of attending to the “emotional climate” of the stages of co-operative inquiry which are reflective of safety and inclusion, difference and disagreement and authentic collaboration between respected individuals: “*A co-operative inquiry group is a community of value and its value premises are its foundation*” (Heron, 1996 p.63).

Throughout, I shall seek to ensure that authentic collaboration is the foundation of this final project. The primary intention is for this research to be highly sensitive and attendant to ethical regard for the participants, thus ensuring that the research is conducted with people as collaborators and co-participants. It is also anticipated that the co-operative inquiry group will help me to remain alert, and challenge my existing assumptions, as well as my choice of research methods.

The research will pay attention to the risks which many children in inner city schools, in areas of socio-economic deprivation, will experience and which will affect their behaviour and ability to engage with their education. Although multiple risks for children with “tier three” mental health problems may be assumed to be referred to an external clinic, such as CAMHS (Child and Adolescence Mental Health Services), this dissertation will seek to explore and examine the barriers for therapeutic engagement for children and parents. The “traditional” model of external clinics, professionals, families and children in constellated disadvantage, often does not fit together well. This results in high rates of non-attendance at clinical appointments, high rates of parents and children only attending the first session, and showing poor benefit when they do attend (Hart, et al., 2009).

Parents often report feeling demoralised by how they are treated and pathologised by how their problems are viewed.

“I sometimes think that 99% of the suffering that comes in through the door has to do with how devalued people feel by the labels that have been applied to them, or the derogatory opinions they hold about themselves.”

(Hoffman, 1993, quoted in Hart, et al., 2009 p.169)

The tier 3 risks and problems range from experiences of bereavement, domestic violence, family breakdown, parental separation and divorce, to alcohol and substance misuse, physical, sexual and psychological abuse, bullying, school refusal and self-harm.

Further to this, there are many children who may be experiencing several of these risk factors, simultaneously. It has been accepted by child clinicians (Rutter, 1975; Durlak, 1995) that a single risk factor can be associated with several different problems for the child. For example, poor academic achievement is a significant risk factor for later school failure, drug misuse and behavioural problems. Rutter (1975) examined six risk factors associated with child psychiatric disorders, such as severe marital discord and maternal psychiatric problems. Outcomes for children exposed to only one risk were similar to those for children exposed to none. Those exposed to two risk factors, however, were four times more likely to have severe emotional or behavioural difficulties, or a clinically diagnosable disorder. Those exposed to four or more risk factors were twenty times more likely to have difficulties.

This suggests that risks can have a domino effect, where one problem can lead to the development of a series of other problems. For example, if a child is abused, then he or she is more likely to be removed from their family and become a “looked after child” who is placed in the highest risk category for academic failure, drug misuse and homelessness, in adult life (Jackson, et al., 2008). Resilience factors range from being female, having good communication skills, having problem-solving skills, having a sense of humour, and having a capacity to plan.

NCH (2007) has compiled a review of the research into risk and resilience in children, and has identified the key factors to promote resilience:

- the creation of strong social networks;
- the presence of one unconditionally supportive parent or parent substitute;
- positive school experiences;
- the development of coping skills;
- the capacity to reframe adversities, so that the beneficial, as well as the damaging effects, are recognised; and

- higher intelligence.

However, conversely, risk factors for a child have been researched, and indicate the following vulnerabilities:

- being male;
- insecure attachment;
- parental abuse (physical, sexual and emotional);
- domestic violence or abuse and volatile family dynamics;
- academic or school failure; and
- persistent bullying.

Risks are more likely to have long-term serious impacts, if they are ongoing problems within the child's life, at home and school, rather than one-off traumatic events. School-based mental health which is consistent and accessible to children can target the work, to address the real risks to the child in their environment, and find solutions that may address the spiral of failure and disengagement.

According to a recent survey of children's well-being in the world's richest nations (UNICEF, 2007), the United Kingdom has the highest percentage of children living in poverty, (households with an income of less than 50% of the median), second only to the United States. Poverty and the associated impact is a considerable risk factor for mental ill-health in children and adults. The report also draws attention to the low ranking of the United Kingdom, on a number of key measures, including the physical and mental health of its children and adolescents, their sense of life satisfaction and well-being, their experience of violence and bullying, and their family stability and cohesion.

Shucksmith, et al. (2009) reminds us that mental health is not merely “absence of mental illness”, but encompasses emotional health and well-being, and emotional competence. Goleman's work (1995) on emotional intelligence and literacy, lists a number of key abilities in children at school, including emotional awareness; managing frustration and anger management; the development of

empathy and harnessing impulsivity; and developing pro-social relationships with peers and adults who are charged with their care. However, mental health problems experienced by adults often start in childhood. For example, early adult depression is commonly preceded by childhood anxiety, and adult anxiety is preceded by both depression and anxiety (Kim-Cohen, et al., 2003; Rutter, 1975). The same authors also note that conduct and behavioural disorders in childhood are linked with later substance misuse, eating disorders, psychotic disorders and bipolar disorder. These vulnerabilities are exacerbated for children in key risk groups, such as “looked after children”, children who are homeless due to domestic violence, refugee children who have experienced trauma through war conflict, and children from black and ethnic minority groups (Vostanis, et al., 2007). Material adversity in childhood is a risk factor for both physical and mental health for children and adults (Caspi, et al., 2000).

My professional motivation to undertake this research is demonstrated by my submission of RAL5, which describes my journey through The Place2Be, over the past fourteen years, and the contribution I have made to the development of the organisation, through policies, procedures, training, professional presentations and clinical direction of the therapeutic work, in schools.

On a professional level, I hope to reveal the case for early intervention through counselling in schools, with a particular emphasis on “hard to reach” children with multiple risk factors, living in the inner city. A focus of this doctorate will be to consider the “hard to reach” child, living in the inner city, who may be experiencing several risk factors, due to poverty and deprivation. Further to this, there is a tentative hypothesis that the provision of an accessible school-based intervention may encourage resilience in the child, and emotional support for children, living in some of the most challenging circumstances, in London. Although I have managed several Place2Be services, in Nottingham, Medway and Cardiff, as well as in Enfield, Lambeth and Camden, where there are many children who have had similar life circumstances, this study will concentrate on areas in the inner city of London, (where I have managed The Place2Be programmes for fourteen years). My aim, during this research, is to reveal the impact on children, the adults who support them, and on the school community.

My personal motivation is inevitably based on my experiences as a child and adolescent. If I consider my own risk factors, I was a child from a highly volatile family structure, with early and enduring experiences of parental rejection and ambivalence. I have written about my experience as a child and experiencing Munchhausen by proxy, in my PEP, with frequent hospitalisations and poor attendance at school leading to isolation, school refusal and academic failure. Because I attended school, on an occasional basis, my socialisation skills were poor and I was frequently bullied and isolated by my peers. During my later years at primary school and throughout secondary school, I was subject to intermittent (but extreme) violence by my parents, which resulted in a number of visits to the family GP or hospital outpatients' department, where I was questioned, and where I did not disclose the source of the minor bone fractures, dislocations or severe bruising. My parents warned me to associate these injuries with falling off my bike, or falling down the stairs, should I be questioned.

However, despite these experiences, I also had several resilience factors which helped me survive into adult life, where I had the opportunity to access counselling and therapy, to enable me to resolve some of the wounds and memories of a disturbed and volatile childhood. My resilience factors included good communication skills, empathy with others, a strong sense of independence, a stubborn temperament and moderate intelligence. Further to this, in the NCH Report on Resilience (NCH, 2007), Newman, cited in the review, has identified other key resilience factors which were available to me.

The presence of one unconditionally supportive parent or parent substitute is significant. Since neither of my parents was unconditionally supportive, I found my English teachers were extremely warm and protective of me, since my skills at reading, writing and psychological capacity were unusually highly developed, due to several years of spending much of the year as an invalid, and having access to a local library. Masten, et al. (1990) describe resilience as "...the process of or opportunity for successful adaptation, despite difficult or threatening circumstances". Despite my difficult circumstances, I did possess

relatively high self-esteem, and a belief that I could endure into adult life, where I would have autonomy, flexibility and freedom.

Although I was highly competent with language and writing, my school experience was one of academic failure, and I was immensely relieved to leave school, at age sixteen. I have a dictionary on my bookshelf presented to me by my school as a prize for achieving the most O-levels of my entire year group, in my secondary modern school. I was awarded five O-levels, which requires no further explanation; shortly thereafter, the school was closed down by the local education authority, since it was deemed to be a failed school, with the worst academic results in the local authority.

I had applied to the local sixth form college to undertake my A-levels and had been accepted, but my parents refused to give written consent to allow me to take my place. Since I knew that education was critical to my future development, I used kitchen greaseproof paper and a pencil to forge my father's signature, to enable me to continue my education, and to take up my place at college, thus displaying stubborn resilience and adaptability in the face of relative adversity.

Sedgwick (2005) writes of the “wounded helper” and the “wounded physician”, in Jungian therapy, and my brief description of some aspects of my own childhood and experience at school will be illuminated in this research into school-based mental health for children. My role at The Place2Be is that of a Senior Regional Manager and I am also the designated Child Protection and Safety Officer. It is obviously no coincidence that I have developed the role as the Child Protection and Safe-guarding Officer, in The Place2Be charity, during the past fourteen years, and have worked to promote child mental health, and the need to foster emotional resilience in children. The two main themes of my childhood experience and my early adult life have been an experience of persecution – and stubborn survival, in the face of adversity and attack. For children in areas of deprivation, the opportunity to access educational attainment is critical, and accords with my own life story and experience as a child, as a means of expression and survival. Throughout the last fourteen years, I have

often identified with many of The Place2Be children's risk factors, and the need to approach the promotion of the mental health of primary school children, with passion and pragmatism, as I believe is evidenced in my PEP and RAL5 of this doctorate. I hope that, by reflecting on the experience of children, therapists and teachers, in primary school, I can promote and demonstrate the values and challenges in The Place2Be model, of the school embedded mental health service. As Durlak (1995) has noted, school-based therapeutic prevention is a young science.

“...seventy-four per cent of all published research studies on the behavioural impact of school based mental health prevention have appeared since 1980.”

(Durlak, 1999 p.79)

Durlak makes the observation that children need interventions that are likely to fit with a child's maturational and developmental needs, and that a “one-shot” approach to addressing children's mental health can dissipate, over time. It is programme persistence, as well as programme intensity, that can make a difference to a child's mental health, and interventions that are present over multiple school years that include “booster” sessions are a critical feature. This approach will be revealed in this dissertation through the interviews with head teachers, therapists, parents and children in the case studies.

“Programmes that have effects, that are durable over time, tend to be intensive, multi-component, multi-level interventions.”

(Durlak, 1995 p.84)

I hope to show and reveal that The Place2Be impact confers enhanced emotional well-being and resilience for children, in the most deprived circumstances, and that the “voices” and perception of the key players are revealed through qualitative research, employing grounded theory, case studies and a co-operative inquiry group.

The Place2Be - Key facts



- Founded in 1994
- 17 years experience delivering school-based counselling services
- Over 200 professional staff
- 700 trained Volunteer Counsellors
- Multi award-winning charity
- Services available to 58,000 children
- Reaching a further 15,000 children through training adults working with children
- Working in 172 schools across 20 hubs (clusters) in the UK
- The Place2Be promotes children's mental health



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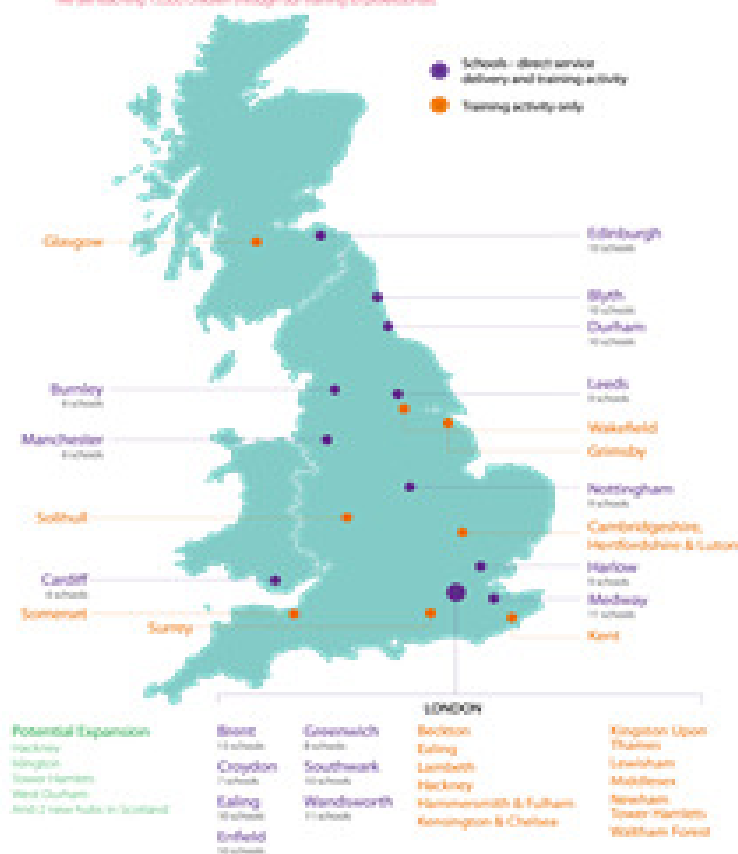
Where to find The Place2Be



Today
We are working in 100 schools
Across 17 hubs
Supporting over 10,000 children

By 2019/20
We plan to be working in 150 schools
Supporting 15,000 children

The Hub model enables us to 12 schools in an area to share ideas and skills.
We are reaching 15,000 children through our training to professionals.



Scotland

Edinburgh

2,400 children in 10 schools

East Lothian

New* 6 schools

Glasgow

New* 2 schools

Wales

Cardiff

2,000 children in 6 schools

North East

Northumberland

2,900 children in 10 schools

County Durham

2,800 children in 10 schools

Leeds

2,800 children in 9 schools

North West & Midlands

East Lancashire

1,700 children in 6 schools

Greater Manchester

2,200 children in 6 schools

Nottingham

2,500 children in 9 schools

South East

Harlow

2,000 children in 9 schools

Medway

3,300 children in 11 schools

London

Brent

6,000 children in 13 schools

Croydon

3,500 children in 10 schools

Ealing

4,300 children in 10 schools

Enfield

5,000 children in 10 schools

Greenwich

2,500 children in 8 schools

Southwark

2,500 children in 10 schools

Wandsworth

3,500 children in 11 schools

Shoreditch

New* 7 schools

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Chapter 2: LITERATURE REVIEW

“The protection of the imaginative space of childhood.... Needs a background of security, adult availability and adult consistency – safeguarding of a space where identities can be learned and tested in imagination, before commitments have to be made.”

(Williams, 2000 p.61, quoted in House and Loewenthal, 2009 p.1)

- **Research and Clinical Perspectives on Child Mental Health**
- **Links between Key Concepts and The Place2Be Service**
- **Candidates’ Critique of Key Concepts and Ideas**

This literature review will draw on the research findings and the work of a range of therapists, child psychotherapists and psychologists and researchers, in the United Kingdom and United States, over the past fifteen years. Risk and protective factors in a child’s situation will be explored, together with data and examples which amplify the child’s capacity for considerable resilience and capacity for recovery, through the provision of integrated and joined-up provision, based in the school setting. Overall, the data suggest that, if emotional and behavioural disorders amongst primary school children could be identified and treated in childhood, in a school setting, the large numbers of people who struggle with mental health and diminished life opportunities could be considerably reduced. This literature review attempts to present a vivid and compelling picture of the lives of children living in the inner city, and offers practical solutions for supporting their mental health and educational attainment.

Children’s behaviour is a consequence of their social and emotional development and their mental health; it is learned, and children’s behaviour is the communication of their emotional states. A tentative hypothesis is that a therapeutic ethos and a social and emotional educative approach have the potential to address the mental health of children, to support their resilience and to promote social and educational cohesion.

“Mental health enhances the capacity of individuals, families, communities and nations to contribute to the social networks and communities in which they exist. Young people who are emotionally healthy have the ability to develop emotionally, intellectually and spiritually; to develop and sustain personal relationships with others, to use solitude constructively and enjoy it to develop empathy for the feelings of others and address and learn from everyday conflicts and setbacks.”

(Cowie, H. DFES, 2001 p.216)

Wilson’s book, titled “Young Minds in our Schools” (2004), reflects on the crucial role schools play in cultivating the intellectual, social and emotional lives of children, and the impact on their psychological and emotional resilience. It is clear that he advocates support for teachers, to develop their capacity and competence, in the crucial tasks of “listening” to their pupils and their parents, to demonstrate their general approach to developing the “whole child”. He uses the metaphor of an orchestra; it needs a conductor in the form of the head teacher to lead, but also many others playing their part, keeping to a score, in tune and in rhythm with each. He reviews a number of mental health initiatives available to schools, ranging from peer mentoring to circle time, circle of friends, nurture groups and listening to children, although it is clear that he advocates the role of teachers in supporting the mental health needs of pupils with mental health problems. There is recognition of the formidable task of supporting pupils with chaotic and challenging home lives which can reflect abuse, social mobility, divorce, lone parents and the greater exposure to new media such as the internet. One of the book’s key strengths is the advocacy of school-based mental health strategies and the examination of the unhappy interplay at home and school (Wilson, 2004), and how this can be disruptive and potentially destructive of the child or young person's potential to develop or manage their feelings. Whilst the formidable task of managing classroom discipline with pupils of different abilities and talents is acknowledged, the responsibility to work with the smaller cohort of complex and troubled children seems to be that of the teacher and school; however, there is an appreciation of other organisations, at the end, who can support pupils and schools with specialist advice on ADHD, emotional literacy, depression and eating disorders, etc.

Although Wilson's argument is for schools to understand pupils' emotional and mental health needs, it is unclear how this is to be achieved by busy and overworked teaching staff.

Cowie, et al. (2004) offers a more practical and detailed guide to emotional health and well-being, in schools. A detailed analysis is provided of the key child and adolescent mental health disorders and how to treat them, as well as a specific argument for intervention, at a whole school level, rather than just working with the most clearly disturbed pupils. Cowie argues that the mental health of everyone should be a concern, including those withdrawn or children who are not challenging the school system. Emotional resources for everyone will improve, by adopting a whole school intervention approach, and the author advocates practical cognitive behavioural programmes as part of the school curriculum, to enable pupils to develop self-control and problem solving; there is an imperative to undertake a "needs" analysis, to identify the resources and needs of each school population. Cowie is particularly cognisant of the work of Goleman (1995) and the need to promote emotional intelligence, self-awareness and social skills, to become an emotionally healthy learning environment.

The strengths in Cowie's work is to encourage the emotionally healthy school, with intervention strategies, and a plethora of practical approaches to the development of emotional intelligence and resilience, including involving young people as peer researchers, identifying the issues as a matter of priority, and a structured and practical approach to designing goals and strategies.

Cowie emphasises the school as a "sanctuary", and a social setting, with a specific social cultural framework which resonates with the focus of my research with schools, in the inner city.

Emotional intelligence for Cowie takes from Goleman's work, and develops the concept into a school-based benefit to everyone. Emotional intelligence for Cowie is concerned with:

- self-awareness, knowing one's own internal states, preferences, resources and intuitions;
- self-regulation of internal states, impulses and resources;
- the emotional motivation that facilitates or hinders teaching goals; and
- empathy and social skills as necessary skills to function.

Cowie's work is particularly interesting, as she could be describing the content and process of The Place2Be therapeutic programme, which is available to the whole school through counselling services. Cowie states that schools can be oases within restless communities. I am reminded of those Place2Be schools, in the inner city, where school project managers facilitate good quality relationships between pupils, pupils and teachers, and facilitate staff communications and thinking, through The Place2Think, (a consultation service to think about the meaning of a child's behaviour). She is also aware of the school having the potential for "bridge building" with communities and parents, and the wider issues in the deprived and challenged community. Her book is aware of the stigma of mental health difficulties and the link between parental ambivalence, in "hard to reach" communities, and the stigmatisation which is rooted in cultural attitudes towards "madness" and psychological disturbance. The barriers for parents and children, in the area of mental ill-health, are linked to parents finding professionals remote, intimidating and uncaring.

Allen and Duncan-Smith's work (2008) is pertinent to this research, because of their emphasis on early intervention programmes, to interrupt the inter-generational cycle of under-achievement, in the most deprived and fractured communities, in Britain. They examine the pernicious impact of benefit dependency and dysfunctional homes which blight the lives and educational prospects of the children in these homes. Allen and Duncan-Smith are particularly concerned about the relative economic and monetary savings to society, by early intervention strategies, set against the spiralling costs of secure units for young people, and the costs of prison. One perspective by Allen focuses on the need for children to be prepared by parents to be "school ready", by four years old, if they are to begin to engage with the critical task of educational attainment and emotional regulation. They calculate the

risks to the twelve million children under the age of 16, in the United Kingdom, where they estimate one and a half million children, (1 in 8), are growing up in an “at risk” situation of deprivation, due to poor housing, chaotic parenting and drug misuse; and lack of educational opportunities and abuse in all its forms. Their estimate is that, for every one pound (£1) invested in early intervention services, the government would save seven pounds (£7), in the future, by a reduction of children in care, cost of benefits, and programmes for children with severe conduct disorder.

Although they argue for early intervention for children aged nought to three and for the parents of these children, they are clearly arguing for a Sure Start Programme to train parents in parenting skills, and the need for empathy and early attunement to the needs of the infant. Their work would clearly support the provision of The Place2Be parent counselling, and the need to help children's emotional and social competences. They advocate for the SEAL programme (Social and Emotional Aspects of Learning), and the development of school-based interventions which focus on the development of empathy and self-esteem. Their argument for a flexible, community-specific response would support the provision for school-based counselling for children as a **less expensive** and more effective strategy, than later and more costly intervention.

“There is a depressing journey too many of our young people take - a journey of three letter acronyms. From an EBD unit to a PRU. From the PRU to a YOI. And finally to HMP.”

(Allen & Duncan-Smith, 2008 p.116)

Humphreys & Stanley's (2006) book on domestic violence and child protection highlights domestic abuse and violence as a key risk factor for children. Since many Place2Be school project managers and head teachers report the prevalence of domestic abuse through their referral and assessment process, this is an important link to the need to support children who are in this situation with their emotional and mental health requirements.

Their work emphasises the importance of early intervention for children in primary schools, and argues that exposure to domestic abuse in infants and children, result in

symptoms akin to post-traumatic stress disorder. Humphreys & Stanley also link the threat to the attachment between the mother and infant / child, by exposure to threat, verbal and physical violence, and the threat to the child's emotional resilience. The implication of child protection approaches, in recent decades, has been to regard children as impotent "witnesses", but Humphreys & Stanley emphasise the impact of emotional destruction, which can affect a child's sense of self-esteem, resilience and physical safety, arguing that, during most violent incidents, the child is in the same or an adjacent room, as the violence between the parents. They draw a compelling parallel between children living with domestic abuse, and the high present prevalence of children who are abused, physically, sexually and emotionally (Humphreys & Stanley, 2006 p.124).

Humphreys & Stanley cite an earlier study (Farmer and Owen, 1998) that makes the link between domestic abuse being a factor in two fifths of known and reported cases of sexual abuse of children. This study also stresses recent research which shows a correlation between child death, children's mental health and well-being, and the particular dilemma of children and women from ethnic minority groups, and the barriers to leaving the violent abuser, or home situation.

House and Loewenthal (2009) examine the links between childhood, well-being and a therapeutic ethos. They examine the UNICEF (2007) Report, which places Britain's children at the bottom of their league table of children's well-being, through the data on child poverty which ranks the United Kingdom twenty-fourth, out of the twenty-seven European Union countries, in their index of child poverty and deprivation. Their term "toxic childhood" was coined by Sue Palmer, in 2004, and examines the survey which suggests that children in the UK are the unhappiest and unhealthiest in Europe, with the dramatically increasing use of behavioural control drugs such as Ritalin and Concerta, which is presently prescribed to 450,000 children, in the United Kingdom. This astounding statistic reveals that the United Kingdom's prescription of stimulation stimulants administered to children has increased from 6,000 prescriptions, in 1994, to 450,000 children, an increase of 7,000%, in one decade (Department of Health NHSC, 2005).

House and Loewenthal's argument refutes this pathologisation of childhood, and rather promotes the intensive role of schools to listen to children, and to promote their emotional and social capabilities. The provision of social and emotional education is linked to Goleman's (1995) work on emotional intelligence. They delineate the five domains of emotional intelligence: the skill of understanding our own emotions, managing our feelings, self-motivation, recognising emotions in others, and forming positive relationships. They cite the change in traditional family structures, moving from a traditional structure, to a smaller more fluid and mobile family unit. Their central argument is for cohesive multi-agency thinking, to co-operate in the best interests of the child, in a British society which is in flux. They cite the proportion of children living in single parent families (24%) as the highest in Europe, and the possible correlation of children with mental health problems at 20%. They also argue for everyday play and art activities as therapeutic and pedagogical encounters, rather than the medicalisation and pathologisation of childhood distress.

Rutter's (1975, 1990) work on understanding children's development, emotional disorders and underachievement is a seminal paper on how to think about children's mental health. He draws many comparisons with studies which suggest that we consider the complexity of the child's situation, in their home and parental environment, and the dynamics of the child's family situation. The point is not "who is ill?" or "who is to blame?", but rather "what is the problem?". The symptoms of a child's mental health problem need to be considered within the dynamics of the referral, and whether this has emerged from the parent or the school, as both systems may have conflicting perspectives on the child. Rutter argues for a full and thorough assessment of a child's behaviour, as well as the examination of the child's interaction in their environment. He examines the social disapproval towards child conduct disorders, such as aggression and destructive behaviour, and emotional disorders such as anxiety, depression, obsessions and hypochondria. He advocates the use of play, in clinical assessment, which certainly accords with The Place2Be use of play and art, as a way of allowing the child to express their inner state and external reality, in the home. He is also aware, in his work, of gender differences and the "fragile male", because boys have much higher risk factors in a number of key domains, from birth to death, and are more likely to be referred for emotional or

conduct disorders, than girls. Rutter defines the following dimensions of parent and child interaction, which provide the foundation for a secure child: an early bond through attachment in the first three years of life; the secure base of parental presence and attunement; the modelling from a parent of behaviour and attitudes which value resilience; psychological adaptation; good communication between parent and child; and consistency of discipline, which enables the child to develop his own internal controls. Rutter is also aware of the manifestation of distress in children, through the experience of separation and loss, bereavement and divorce and “parental deviance”, through parental neurosis and personality disorder. The presence of parental mental ill-health and family discord is an acute risk factor for young children. Rutter is highly aware of the complexity of deprivation, and the impact on child and parent mental health. He pays particular attention to the risk factors of poor housing and the clash between the values of the home and the school, for primary school children.

Finally, in Rutter's most interesting chapter for this research, he examines the method of child psychotherapy and its curative impact on children. Although Rutter acknowledges the development of child psychotherapy from the Freudian child analytic therapy of Freud, Klein and Fordham, he is a proponent of briefer methods of treatment, with an emphasis on the therapist - child relationship, and a shift away from the exclusive treatment of the child, towards a focus on family inter-action. The provision of an enthusiastic, involved therapist who communicates his or her understanding of the child and wishes to be of help is a critical indicator of a “successful outcome”, in working with the child. A careful assessment, with the definition of goals, and the purpose in child therapy, is also recommended as a significant aspect **which is communicated to the child**. Rutter also promotes a key factor, in the therapist listening to the child, and allowing the child ample opportunity to express their feelings and beliefs, and the importance of the planned ending. The presence of empathy and a positive attitude to the child is held to be at the heart of the enterprise, to enable the child to gain understanding and constructive solutions. Although Rutter values one-to-one child therapy, he is also an advocate for the value of group therapy with children.

Baruch, et al. (2007) focus on reaching “hard to reach” children and young people whom they associate with social inequality which is rooted in material and social adversity, and they have a startling but relevant metaphor of the “buried child”, lying under the rubble of cumulative psychosocial risk:

“...taking help to the child, rather than expecting the child to seek help is perhaps the single most important lesson that the cumulative nature of risk teaches us.”

(Baruch, Fonagy and Higgitt, 2007 p.7)

In this paper, they delineate the double bind of the “hard to reach” individual and group, having a cluster of risk factors for mental health problems or learning disabilities, but who face a range of barriers to accessing mental-health solutions. They advocate the solution of “CAMHS partnerships” and the multi-agency vision of shared information and strategies for children at risk. However, they are pragmatic about the difficulties in multi-agency working, due to inter-agency rivalry, suspicion and “turf wars”.

A current political and economic perspective might suggest that these factors will be accentuated, in a climate of anxiety about budget cuts, value for money and evidence-based practice in children's services. There is also a tension and pressure on children's mental health services, with targeted CAMHS teams providing specialist services for identified vulnerable groups such as “looked after children”, children with learning disabilities and children with severe eating disorders, and referrals of children with emotional and conduct disorders, at tier one and two, who are prevalent in primary schools, but are rarely accepted for therapeutic work by tier three specialist CAMHS. Baruch, et al. (2007) refer to the difficulties of short-term funding and the massive under resource, compared to the needs of children for accessible mental health services; however, they articulate the need for “wrap-around” services, for the hardest to reach child.

Durlak's (1995) work is important to this dissertation, because he is focused specifically on school-based prevention programmes for children. Although Durlak's work is an examination of schools in the United States, there is a range of

application to school-based mental health programmes, in the United Kingdom. He presents the importance of the prevention of mental ill-health in children as having three main characteristics: primary prevention interventions with the general population to preclude the occurrence of problems; secondary prevention, (involves intervention during the early development of difficulties, before they develop into a serious mental-health disorder); and tertiary prevention, (which aims to reduce the prevalence of established disorder of the problem). From his definition, The Place2Be model is an agency which addresses children's needs, across these three categories, in terms of primary prevention; the model seeks to be available and accessible to the whole school population, by the provision of lunchtime Place2Talk, circle time, whole school interventions, and the training of school staff. With secondary prevention, The Place2Be provides early intervention through targeted counselling services to children and for one-to-one counselling, and in the area of tertiary prevention, the services work with children with serious mental health and emotional conduct problems; aggression conduct disorders, school refusal, anxiety and self-harm.

Durlak emphasises the importance of mental health programmes which enhance function and skills' acquisition, since the child will become more adept, more able to deal with stress, and will be more flexible self-confident and adaptable. He examines the risk factors and protective factors for children. Moreover, he is aware that protective factors enhance a child's ability to cope with stress and adversity, and is aware of Rutter's work (1975) on the "loading phenomenon", where a healthy and resilient child can manage one risk. However, those children exposed to two risk factors are four times more likely to have clinical mental health problems, while those children exposed to four or more risk factors are twenty times more likely to have mental health difficulties. He also reports on the situation in the United States, where children who are clearly in need of support do not receive it, and those who do receive support are offered, short-term, or ill-timed interventions. He argues for early intervention for children, through school-based mental-health programmes, and specifies the importance of "school readiness", which has been taken up earlier in this review, by Allen and Duncan-Smith (2009), and examines research which suggests that high quality mental health programmes can produce long-term benefits

which are apparent in schools, particularly with reference to students from disadvantaged socio-economic groups.

Durlak argues for multi-component interventions for children, with intensive participation by children and parents, and that commits to a longer duration. Since he argues that the best single predictor of future academic performance is early academic performance, he believes children demonstrating learning attainment problems in primary school should be targeted through timely school-based interventions. As he suggests, schools are a “natural home” for prevention programs, which can achieve results of practical significance for children. His recommendations for a successful programme may reflect The Place2Be systemic model. He advocates for the quality of the implementation, and that programmes that improve children's mental health are durable over time, and are intensive, multi-component, multi-level interventions (Durlak, 1995 p.84).

His final comments have application for The Place2Be / Place2Think service, since he addresses the needs and neglect of teachers. He attends to the classroom as a “baptism by fire,” with too many students who are too varied in ability, and who demonstrate multiple and diverse personal, social and physical needs. He could be describing the typical Place2Be school.

Vostanis, et al. (2007) provides guidance on effective mental-health interventions by linking practice, theory and policy. There are a number of chapters by different mental health professionals, which focus on early intervention for children at risk. Vostanis challenges the term used in professional services for the child with “complex” problems. Whilst this may be an apt description, Vostanis argues that many children who are “complex” simply have multiple problems, which involve a major challenge to understand and to address, in a co-ordinated and timely way. Vostanis argues that vulnerable children “should be approached in a different way”, so that their “characteristics” can be understood, due to the complexity of vulnerabilities associated with trauma, abuse, neglect and family dynamics, which have become compounded by secondary effects. Like Durlak, Vostanis promotes the importance of services which offer children and parents flexible delivery, quick response and joint working with other agencies. He quotes a figure from 2006 that

3.6 million children are living in households which are in need of extra help, by using the measure that the family unit has less than half the national average income. There is reference to the “double bind” of stigma and discrimination, which prevents children receiving mental-health interventions. Stigma occurs between the process of being stigmatised by the public, and the effects of self-stigma by the individual, which can result in the individual avoiding help or treatment for themselves and their child. Alternatively, Gale (2007) argues, in her chapter on stigma, that the diagnosis of a child’s mental health difficulties can result in parents receiving greater access to support and a professional response, based on empathy and help. Gale argues that the cycle of stigmatisation for children with mental health needs can be pernicious, and cites the particular issues associated with children from black and minority ethnic groups, refugees and asylum seekers, “looked after” and adopted children, and children whose parents have a mental-health or substance misuse problem. Since these characteristics are highly prevalent in inner-city schools with a mobile and transient population, they give rise to a range of barriers for children and parents. Edward’s (2007) chapter examines clinical practice issues with children who may be wary of therapeutic attachment, in response to their own poor experiences with adults. There is recognition to move slowly in therapy, at the child’s pace, with the therapist “being with the child in the here and now”. There is a recognition that therapists working with vulnerable children need to fight against fictionally happy endings; real therapy with “hard to reach” children is a ragbag of loose ends and unanswered questions.

There is an interesting and relevant chapter by Elliot (2007), which acknowledges the trauma of refugee and asylum seeking children who experience the primary trauma of dislocation, and social adjustment difficulties relating to cultural, language and socio-economic factors, and the secondary trauma of the stress caused by bullying, racial harassment, poverty and isolation, difference and poor housing. There is recognition of the cluster of adversity, which can overwhelm the child’s resilience, without appropriate mental-health intervention. Furthermore, there is also the recognition that refugee and asylum seeking children are often in temporary or unstable accommodation, with the potential for sudden mobility, and how often CAMHS services may withdraw or postpone engagement with the child and family, until the family is in settled or in permanent accommodation.

Wilson, et al. (2007) pays attention to the vulnerability of children whose parents are alcohol or drug misusers. They cite 1.3 million children in England and Wales whose parents misuse alcohol, and 350,000 children who have a parent with a serious drug problem (DOH, 2003). There is recognition of the risk factors for children, who have a substance misusing parent, and who have an eight-fold risk of becoming substance abusers themselves. Since parental substance misuse has become associated with physical and sexual abuse and neglect, the authors argue for early intervention for children, with this intervention targeting their social-emotional learning and addressing early aggression, self-control communication and academic failure, which can prevent, or interrupt the eight-fold risk for children in primary schools.

Carr (2006) has written extensively on child and adolescent psychology, and acknowledges that children are likely to benefit from mental health treatment, if they and their families accept there is a problem, are committed to resolving it, and accept the approach of the therapist or mental health team. He attends to the characteristics of the mentally healthy school which has a favourable impact on behaviour and attainment. These include:

- firm, authoritative leadership of the staff team by the head teacher;
- firm, authoritative management of classes by teachers with high expectations of success;
- teachers modelling good behaviour;
- teachers who appreciate and reward academic and non-academic achievements;
- teaching plans and materials which are easily interpretable;
- a moderate class size; and
- care with labelling or stigmatising troubled children.

In terms of clinical impact, Carr refers to the importance of multi-agency thinking and strategies; a positive therapeutic alliance based on warmth, empathy and positive regard for the child; and a systemic approach, wherever possible. Carr

emphasises the collaborative approach, with an assessment conducted from the vantage point of respectful curiosity, and an “invitational” approach to parents and professionals. He is critical of coercive directiveness or inappropriate non-directiveness, and promotes the approach of collaborative consultation that does not seek to find the “true” formulation of the problem with the child or their family, but the **most useful** formulation of the problem, which fits with the facts of the situation, and opens up feasible options for problem resolution. This would reflect The Place2Be position with the school system, where the approach is “think complex talk simple”, and attempt to re-label deficits or problems, to optimistic or positive, or problem- free solutions labels and solutions.

Carr’s work is strong on examining the context of risk factors in the family or children, and the impact of social disadvantage. He also alludes to Haley’s pathological triangle, where a child with conduct problems experiences their parents taking their side against the school, and this reinforces the child’s conduct problems. This is a problem experienced in many inner-city schools, but The Place2Be, as an “independent mediator” between parents and school, can de-escalate this phenomenon, and attempt collaboration with the parent. Carr presents the therapeutic impact, as helping them to move the view of the child’s conduct problems as proof that he / she is intrinsically “bad”, to a view of the child as a “good” child with bad habits, that are triggered by certain stimuli and reinforced by certain consequences. Carr is a positive advocate of de-escalation, in minimising aggression and violent outbursts, and responding to the child in an attitude of calm respectful conversation.

Rendall and Stewart (2005) address the risk factors of school exclusion, and point to a threefold increase in permanent school exclusion, between the early to late 1990s, with boys four times more likely to be excluded than girls, with Afro-Caribbean boys twice as likely to be excluded, than white girls, and black girls three times more likely to be excluded than white girls. They emphasise educational special-needs as a key factor in children excluding themselves from school, through aggressive or disruptive behaviour, because they could not understand or co-operate with the educational task, and the risk factors of poor language and comprehension skills. The authors link this research with children to issues of self-esteem, shame

for poor literacy skills, and poor attachment patterns in parenting. They argue that a child's locus of self-control is developed, and found, in the parent-child relationship, and that inconsistent and chaotic parenting, impedes the child learning to manage feelings, emotions and impulses, with attendant negative consequences, in a school's system. They refer to the phenomenon of the child being becoming "confused", with different values, expectations and attitudes in their home and school, which is exacerbated by bereavement, family conflict, divorce and separation, and rejection and abandonment of the child. They cite Rutter (1975), who suggested that "school ethos" was the most important factor in academic and behavioural achievement, in his study "Fifteen Thousand Hours". The components of "school ethos", which allows pupils to achieve and also mitigates against excluding the most troubled pupils, include the employment of humour as an important factor in defusing and the de-escalating potentially explosive incidents. Values, consistency and a shared ethos among staff and pupils to positive educational and institutional goals are significant. The authors cite "incorporation" as a characteristic of teachers' positive views of pupils; characteristics by interpersonal, rather than impersonal styles; mutual respect and partnership; and learning and behaviour problems approached in a therapeutic manner, with the emphasis on the pupils' need and support (Rendell and Stewart, 2005 p.103).

Schools with a therapeutic and "incorporative", rather than a punitive response, to this behaviour were less likely to exclude pupils and were able to promote pupils' development of an internal locus of control. For pupils who are vulnerable or at risk of exclusion, information-sharing about the child's risks and resilience, between the home and school, was deemed to be critical, with an ethos of "social democratic humanist approach" towards the child, as a protective factor, by including the child, rather than the "controlling classical approach" (Rendell and Stewart, 2005 p.173).

If teachers are aware of, and understand, some of the tensions and anxieties which pupils are experiencing, in their family context, they are more likely to respond sensitively to responses by pupils, in the school context, and the authors cite the development of "curiosity" about a child to be a significant protective factor in inclusion.

Ajmal and Rees (2001) have written of the importance of solution-focused thinking in schools, to support teachers and pupils. They advocate a therapeutic consultancy approach with a solution focus. This has direct relevance to The Place2Think model, to enable teachers to process their own feelings and attitudes towards children whom they wish to refer for intervention. They advocate dialogue and the re-framing of a child's difficulties, to achieve co-operation between school professionals and a child. They argue that finding real solutions for children has to be a shared experience, as it reduces the experience of isolation for teachers. If a "co-operative dialogue" can admit of the strengths, resources and resilience within the family, and can validate the experience of fear, ambivalence or despair with the child, parent or teacher, there is likely to be collaborative possibility. They suggest the school-based therapist, by taking on a "not knowing position", can open up spaces in the dialogue for which "newness" can occur (Ajmal and Rees, 2001 p.126). The move from "expert" to "collaborator", with a demystification of the role of the therapist and a "lack of jargon", can move to a solution for everybody in the system. They refer to Lambert's Pie (1992) who investigated therapeutic factors in outcome success, namely:

- 40% of effective change is due to strengths, resilience, qualities and skills people already have;
- 30% of effective change relates to the development of a good working relationship between the client and therapist;
- 15% of effective change is due to factors of "expert interventions"; and
- 15% of effective change is due to "placebo factors".

Although Lambert's work relates to the adult experience as a therapy, Ajmal and Rees argue that these therapeutic factors are applicable to finding creative and practical solutions, to children at risk in school.

Dugra, et al. (2009), like previous authors, acknowledge the pernicious impact of stigma on children with mental health needs, which can create marginalisation, fear and low self-esteem in children, and diminish the effectiveness of interventions. They specify the risk factors for the child in the inner-city environment, with boys

having greater rates of externalising problems through aggressive behaviour and non-compliance, than girls. They refer to the child's temperament, and their interaction with their emotional environment and their parents. They are aware of the "chronically acrimonious" parental relationship and its negative impact on the child; they also acknowledge the protective factors, such as high intellectual ability and academic success, good peer relationships, and a supportive family that is able to manage change. One particular protective factor they emphasised, which may apply to a school counsellor, is their acknowledgement of the development of a warm confiding relationship with a trustworthy and reliable adult (not necessarily within the family). Adverse factors include low socio-economic status, domestic abuse, poor peer relationships, poor strategies to cope with stress or difficulty, and parental physical or mental illness. As they suggest, adverse factors can lead to a specific mental health problem, and can increase vulnerability to experiencing problems.

In *Child and Adolescent Mental Health Today* (Jackson, et al., 2008), it is argued that most adult and adolescent mental ill-health originates in childhood. Risk factors are a "complex jigsaw" of interlocking factors in which the mental ill-health is incubated, and they reflect the UNICEF (2007) finding that the UK is the least happy place for a child, in the world's 21 richest nations.

A chapter by Raby and Raby (2008) highlights the "domino effect", where one mental health problem could lead to a series of other problems, e.g. if a child is abused, she or he is more likely to be removed from the family and "looked after" by the local authority, when the evidence suggests that "looked after" children have the worst outcomes of any group of vulnerable children. Again, they list significant factors of resilience, which may relate later in the study to the impact of a school counsellor, as the "committed mentor", outside the family and, at least, one "unconditionally supportive parent or parent substitute" as a key protective factor. The capacity to reframe adversities and to develop empathy and solutions for others are also resilience factors which may relate to the long-term counselling strategies, and / or to The Place2Talk provision. As Wilson notes: at any time between 20% to 30% of children will experience psychological problems of varying severity; 10% will have a significant mental health disorder, between the ages of five to fifteen;

5.8% will have a clinically significant conduct disorder; and 3.8% emotional disorders, such as anxiety or depression.

“There is convincing evidence to indicate that child mental health problems that are not attended to in childhood, continue into adolescence or adulthood.”

(Hall & Williams, 2007, Sainsbury Centre for Mental Health, 2007)

The chapter by Weare (2003) considers the whole school approach to promoting mental health. She refers to the “captive audience” of the school population and the centrality of schools in promoting the health, social and emotional development of children. Although she examines the importance of the SEAL programme (Social and Emotional Aspects of Learning), Weare acknowledges the need to develop “coping skills”, resilience and life skills for children in school. She addresses the phenomenon of the “emotionally literate school” (Weare, 2003), which addresses the total experience of school life; its management, ethos, policies, relations with parents and the local community, teachers, and the learning curriculum. She advocates for the “universal approach” to child mental health, in partnership with the “targeted approach” for children with obvious mental health problems. The promotion of protective emotional factors, such as happiness, self-esteem, resilience and optimism, relationship skills and stress management, have direct applicability to a school-based mental health service, such as The Place2Be. Weare addresses four key factors:

- social and emotional skills development;
- whole school emotional literacy;
- genuine participation by the whole school community; and
- the promotion of a sense of autonomy in children, which is indicative of choice, self-determination, reflection, critical thinking and clear rules and boundaries.

Finally, staff development, which enhances the teacher's emotional capacity, flexibility and self-reflection, can model mental health promoting behaviours to children.

Midgley, et al. (2009) considers child psychotherapy and research with emerging findings. They acknowledge the “counter transference” for the therapeutic clinician, as they are exposed to the full force of children's emotional turmoil. Therapeutic shifts relate to inter-personal understanding of the child situation and concomitant “emotional availability”. They reflect on the power of play for children, to express their wishes, preoccupations and dilemmas. A central acknowledgement of their work is the “setting” of the work, which provides a consistent and predictable context for children, to explore difficult or uncomfortable issues, such as fear of abandonment, hostility to parents or siblings, feelings of rejection, disappointment, terror or guilt. This has direct relevance to The Place2Be room and the insistence on “sole use” by The Place2Be, which is sometimes met with outrage, criticism or a lack of comprehension by school staff. It is acknowledged, in this book, that children in one-to-one therapy are usually suffering from multiple problems and displaying a range of difficulties, due to trauma. Many children have been overwhelmed or shattered by their complex circumstances. To facilitate therapeutic change, the child is seen by the same therapist, at regular times in the same room, and has his or her own set of play equipment or toys. The authors advocate for further research into child psychotherapy, but acknowledge that talking about research to psychotherapists can feel “like selling deep freezers to Eskimos”.

Rustin’s chapter on child psychotherapy refers to the “hard to reach” child, as the “doubly deprived” child who is struggling with multiple risk factors, but least likely to access consistent and high-quality therapeutic support.

This literature review has sought to draw on key issues in the provision of child mental health, in a school setting, which will be reflected in the research with the key stakeholders in The Place2Be model: parents, children, head teachers and therapists. I anticipate that many of the skills and challenges in supporting children's mental health will be supported, contradicted, or developed, in the following

chapters, which will endeavour to bring alive the many “voices” of the key players in The Place2Be service provision.

Chapter 3: INTERVIEWS WITH THE PLACE2BE SCHOOL BASED THERAPISTS

“Life is not about how fast you run, or how high you climb, but how well you bounce...”

(Tigger: Winnie the Pooh)

- **Rationale for Grounded Theory as a Methodological Anchor for Research Design**
- **Explanation of Collection and Analysis of Data**
- **Interview with Six School Project Managers**
- **Group Focus Interview and Critical Feedback**
- **My Reflexive Response**

3.1 Interviews with The Place2Be School-based Therapists

3.1.1 Research methodology and design

The research rationale was guided by my Practice Evaluation Project in which I had interviewed six school-based therapists, using grounded theory as a research method. Since the research findings were highly pertinent to my research focus, the focus group in my Practice Evaluation Project recommended that I incorporate this earlier research into my Final Project, and balance the “voices” with additional interviews with head teachers, children and parents. I was further invited to “take risks” by both the focus group and, later, by the co-operative inquiry group. Since I had decided to submit a RAL5, the medium size Final Project ensured that I needed to limit my research participants to therapists, head teachers, children and parents and the co-operative inquiry group, which I shall introduce, in Chapter 4.

Grounded theory analysis was chosen as a qualitative research method, because it is founded on an iterative, inductive and deductive cycle, where theory is allowed to emerge, directly, from the data and is ultimately tested and grounded in the real world. It is a constant comparative method, which is particularly suited to the

research, and which allows for flexibility and the questioning of gaps, inconsistencies and uncertain understanding. It has a particular attraction for me, as a novice researcher, because it provides explicit procedures for gathering and generating data in the research, and there is a wide range of exemplars of its use. I have consulted a wide range of research papers published in the quarterly Counselling and Psychotherapy research journals of the BACP, over the past five years. Further to this, as an existential humanistic psychotherapist, I value the phenomenological method to elicit subject meaning and experience, and grounded theory is a qualitative methodology aligned to this world view.

I also considered narrative and free association and interview methodology (Holloway and Jefferson, 2007), but felt that this would not generate the wide range of data I might expect from grounded theory analysis, employing semi-structured interviews with six participants.

Grounded theory analysis is time-consuming and laborious, and I was initially concerned that I would become overwhelmed by the data, and struggle to define categories and coding. Also, I was aware of the early split between Glaser and Strauss and the subsequent dominance in the methodology by Strauss and Corbin. I was anxious not to be split and confused by the Glaser and Strauss / Corbin differing approaches to grounded theory analysis, and found myself highly influenced by the latest third edition of “Basics of Qualitative Research” by Strauss and Corbin (2008), completed shortly before the death of Anselm Strauss. As an “insider” researcher, I have to admit my bias in relation to the research question and scope, and the bias of becoming complacent and positivistic, regarding the data from The Place2Be staff.

Strauss and Corbin (2008) attend to this bias and research risk, by emphasising the personal experience as an inevitable factor, and suggest that we use our bias to stimulate thinking about the various properties of the data and dimension of concepts and, indeed, this was my experience. Strauss and Corbin warn that sometimes researchers become so engrossed in their investigations, that they do not realise that they have come to accept the assumptions and beliefs of their respondents. A grounded theory researcher must walk a fine line between capturing

the hearts and minds of respondents, while keeping sufficient distance to be able to clarify and analyse the data. Attempting to stay at the conceptual level and keeping a journal of my thoughts, feelings and cognitions helped me to “step way” from the data and be surprised by my assumptions and beliefs and that of the participants. Strauss and Corbin (2008) refer to “waving the red flag”, when one is becoming too certain of the data. They are wary of the assumption that a researcher can “bracket” their beliefs or perspectives. My research journal enabled me to record and process my responses to the emerging data, as well as my attendant anxiety, to produce a research study of “multiple truths”. Inevitably, we are shaped by, as well as shaping, our research.

3.2 Participants

Six participants were interviewed for one hour in their position as The Place2Be school project managers. Semi-structured interviews were conducted, following written permission by the participants, with a guarantee of anonymity and confidentiality (Appendix i). The participants were selected on the basis of their experience of working for The Place2Be, for a minimum of two years. One of the primary criteria for the selection of participants was that they should be senior therapists who had a thorough knowledge of school-based mental health. The six senior school project managers came from a range of training backgrounds and from a range of theoretical orientations. The professional backgrounds included social work, teaching, educational counselling and law (Appendix ii). Interviews lasted for one hour and were recorded on audio tape, the content of which was then transcribed. Following the initial interviews, I set up a group focus interview for all six participants, as a further stage of the evaluation. This was specifically designed to elicit and reflect on the lived experience of the research, and the emotional impact of the interviews. A second consent form was completed by all the participants (Appendix iii), and the group interview was taped and then transcribed. I was interested in the epistemological stance of the participants, in relation to the children’s situation and risk factors. I was aware of the initial impact of the participants’ narratives upon myself as a novice researcher. I was aware of empathic emotions, such as respect, alarm at the emotional load of the participants, distress at their perceived isolation, and a poignant felt sense of the lives of the children

described in their narratives. I was also aware of the danger of empathy as becoming synonymous with the participants' situation, and the struggle to maintain distance from the material. I was particularly influenced, in this second group interview, by a paper by Ione Lewis (2008) on linking emotion with counselling research:

“The potential for qualitative research to provoke intense emotional responses in participants is an ethical issue for researchers who need to consider thoughtfully the range of potential reactions to their research questions.”

(Lewis, 2008, p.66)

Ethical permission for the dissertation was obtained from the Metanoia Research Ethics Committee. Additional ethical permission was obtained from The Place2Be Quality Committee, in September 2008, which is the committee responsible for ethical standards and the quality of clinical practice, in The Place2Be. The ethical guidelines and framework published by the BACP (2008) were consulted, to assess risk of harm to the participants, and the integrity of the research methodology. Further to this, although I am a senior manager within The Place2Be, I am not the line manager of the participants, who were guaranteed individual anonymity and confidentiality, in relation to their contributions and sensitive disclosures. I was also conscious of treating the participants with respect, and of accepting their right to modify / refuse consent, or withdraw throughout the research project. My original timescale for this analysis was two months to collect, collate and analyse the data. My actual completed timescale was triple my estimate, at six months.

3.3 Data Analysis

The interviews were analysed using grounded theory methodology (Strauss and Corbin, 2008; Glaser and Strauss, 1967). The intention in this methodology is to identify recurring meaning categories, across interviews, using a method of open coding and constant comparison. The aim is to create a description and theory from the data itself, rather than fitting the data into an external model. The theory generated is, thus, grounded in the data (Strauss and Corbin, 2008). To attempt to

retain the voice of the participants, an analysis of interview material was made, directly, from the audio recordings, instead of from written transcripts. There is synchronisation of data collection and analysis; I also analysed the data, as soon as possible, following the interview, so that I could become more sensitised to the issues and areas within the emerging theoretical framework. I then embarked on a process of “open coding”, following the last interview, in order to break down, examine, compare and categorise the data. Where a new category was formed, during the analysis of a later interview, earlier interviews were then checked for units that might fit into this category. After assignment to categories was completed, all meaning units were checked, again, against each category, to ensure relevant units had not been missed. I then compared the categories for connections, through the technique of “axial coding”. This involves the identification of the conditions under which categories occur, and what follows them. This method allows the fragmentation of the research text, which took place during coding, to be reversed, until main categories emerge, during the “saturation phase of analysis”. This was a very laborious process, but nevertheless, is necessary to ensure the theory genuinely “fits” the data and emerges from the data, and is not “forced” (Glaser, 1992).

The data from each interview was coded in a three-stage process (Glaser and Strauss, 1967). In the first stage of coding, the aim was to identify the type and range of concepts within the data. These concepts were written up on a large sheet of paper. The second stage of coding, axial coding, proceeded on a similar basis, with the primary difference of using post-it notes to collect and collate the categories into units of meaning, which refer the number of references in the transcripts to the idea or concept. Finally, in the third stage of coding, I attempted to collate and reference these meaning units into main categories of meaning which reflected the saturation phase, where no new meanings could be derived from the interviews, and I could capture the complexity of the units of meaning, into seven main categories. During the process of data analysis, memos and post-it notes were used to record emerging themes, anomalies and hypotheses; an example is attached (Appendix iv).

Categories were built up from 445 meaning units, in the transcripts. The meaning units were ascribed to more than one category, as appropriate. Categories were systematically related and developed, as some initial categories became subsumed by others, resulting in seven main categories.

These categories cover the mental health needs of children and parents, children who were identified by participants as “hard to reach” and a category examining the accessibility of the mental health service. Further categories include; the barriers to therapeutic efficacy, the characteristics of the Place2Be school project manager, measuring the impact of the therapeutic intervention and the strengths of the Place2Be school mental health service, before considering the implications of the data for clinical practice and service delivery.

3.4 Category One

3.4.1 Mental health needs of children and parents

The six participants all identified socio-economic deprivation of children and parents, as linked to the mental health risks of children and families. Overcrowding in small flats, on council estates with high rates of crime, were identified in creating pressure and a climate of fear and psycho-social pressure for children and parents. Temporary housing and inadequate emergency accommodation were a common occurrence for children, in the cluster of primary schools. Absent or violent fathers, and relatively high levels of abuse in the form of neglect, emotional abuse or harsh physical abuse, were identified as leading to depression and anxiety for children, who were referred to The Place2Be. Participants felt that children were often exposed to domestic violence in the home, which was exacerbated by parents’ use of drugs and alcohol. In one school, the school project manager estimated that 90% of the children were from West African cultures, where parents were seeking asylum, and some had failed their application for asylum, and were “in hiding”.

3.4.2 Question from school project manager interview: What are the mental health needs of children in this school?

Participant: “Most children here are West African, about 90%. Lots of physical punishments at home and children being physically chastised, sometimes being beaten with a stick, so lots of punishment and self-esteem issues, therefore, are big with the children – attachment issues are absolutely huge – lots of moving around of families – different schools and children therefore find it hard to have secure friendships, as they are moved around a lot – a lot of the children here are living in poverty, both parents and children, but particularly parents have feelings of no hope or powerlessness – there’s lots of overcrowding in small flats and you know that the estates round here are really bad – sometimes sexualised behaviour because the children are in small flats – lots of aggressive and chaotic behaviour and fear of gang culture – fear of crime – fear of bullying – that's about it, but lots of pressure on children and parents.”

All were attempting to disappear from contact with representatives of authority. Fear of bullying, gang culture and knife crime were additional pressures on children who were not collected by a parent / carer from school, but obliged to return home through areas of crime, with the consequent fear of being bullied or intimidated. All six participants identified high levels of mental ill-health amongst parents of children which would impact on the children, with particular reference to bipolar conditions amongst mothers, and high levels of deprivation and anxiety. Several participants mentioned that Mondays were difficult for children, following a weekend at home with chaotic parents, with several risk factors for the children, which have been described, previously. The geographical context of the school’s catchments area is an area of relatively high mobility, due to temporary housing, and the re-development of the Elephant and Castle area of Walworth, resulting in anxiety and stress for parents and families, who were living in temporary accommodation, or were waiting for a housing transfer, due to the overcrowding in their social housing. The reasons for this high mobility and temporary homelessness are diverse; predominantly domestic violence, relationship breakdowns and neighbourhood harassments. In the United Kingdom, approximately 100,000

households live in temporary accommodation, at any one time (Office of the Deputy Prime Minister, 2004).

3.5 Category Two

3.5.1 Children who are “hard to reach” or at risk of exclusion

Five of the six participants identified that The Place2Be was working with between three and four children, in each school, in a long-term therapeutic intervention, who were at risk of exclusion, due to their conduct disorder, acting out and aggressive behaviour in the school, or violence to children and teachers. Impulsivity of children, manifest in their conduct and behaviour, was seen as a risk factor for exclusion, and work with parents, identified impulsivity as a key characteristic of the parent's difficulties.

3.5.2 Question from school project manager interview: Can you tell me about the children's risk factors who use the service here?

Participant: “Well, we say we are a tier one / tier two service, but actually we work with very complex troubled children – actually I’ve got a list here – let me see – seven out of nine of these children have multiple risks. Five are really complex and are all tier three. There is a real danger of exclusion because of abuse, parent substance misuse, volatile children, children caught up in domestic violence and witnessing it, bullying, fear of bullying a lot of time we are working way beyond tier two. CAMHS often ask us to work with these complex children, because we can offer them long-term consistent work – this child is at risk of going down the offending root – child five here – there are three that could be referred, but CAMHS has waiting lists, whereas we [have] no to stigma here – the child doesn't get left dangling. For CAMHS, there can be a wait of 6 months – it takes so long – and the parents don't have to take them for the child to come here – we are much quicker and we are much more consistent and they get to the sessions – whereas outside the parents have to take them and they just can't do it – they are just too chaotic – they are just too frightened. Parents here are always afraid and often disorganised – they don't turn up for the first appointment – I often have two or three or four appointments that are missed, but I keep on at them – I’m tenacious – parents are

often chaotic and fearful of CAMHS and external appointments – it’s so messy and bitty when you try to get parents to go to CAMHS, but there’s no point at the same time of working with children in isolation – but parents do not attend. Place2Be can work by the back door, I think – working with child and the parent because parents can trust Place2Be – parents are frightened of being blamed or having the finger pointed at them for their child’s difficulties, but I think there is less stigma because we are in school and we look like one of [the] staff – here a lot of our parents are seeking asylum and waiting for a decision about their status about leave to remain.”

Two participants estimated that they believed there were at least two children who were at risk of being excluded, in each class. Due to primary schools’ attempts to include the children, and not exclude them from the system, most schools were seen to be “holding” significant numbers of children with a range of special needs which had not been diagnosed, ranging from ADHD and children on the autistic spectrum, to substantial numbers of children who were violent or distressed, with a high preponderance of boys amongst this cohort.

One participant described a child subject to episodes of distress and violence, when he would exhibit aggression to peers and teachers, and kick doors and furniture within the school. The respondent’s strategy for containing the child was to drop white feathers from the third floor window, so that child would be curious and collect the feathers to bring to The Place2Be therapist, and contain his fears in a box to contain his distress, and feeling of rage.

A significant number of children in The Place2Be therapeutic interventions were deemed to be from “hard to reach” parents and families who were rarely seen by school staff and where written consent for their therapeutic work had been problematic.

Participants reported that parents can be isolated by their own choice, and that this was manifest in their fear of trouble and fear of criminality by association with neighbours, or parents engaged in the “black economy” of claiming benefits and working part-time, in cash- in-hand employment. Parents’ own negative experience

of their own childhood and school was seen to be a factor in their avoidance, or refusal to engage with school professionals.

3.6 Category Three

3.6.1 Accessibility of The Place2Be model of mental health service

All participants identified the significance of an “in-school” mental health service as being of substantial benefit to providing access to counselling the children, parents and the school community. School project managers stressed the importance of being “ordinary” and not using jargon or terms which would alienate parents and which might lead them to refuse written consent for the therapeutic intervention. Several participants stated that they never used the terms “counselling” or “therapy”, but rather “help for the child”, “support”, or stressed positive aspects of the service, such as “all the children love coming”. Across all schools, participants described the accessibility for children as being linked to the “captive audience” of children, and the significance of offering therapeutic consistency and a non-stigmatising service, to children and parents, who are often ambivalent or afraid of authority figures, or agencies that might blame or pathologise them, for their child’s difficulties or “report them to social services for their inadequacies.”

3.6.2 Question from school project manager interview: How many of the children are “hard to reach” – those families who won’t engage or are hard to reach?

Participant: “Most of them – some parents are so anxious – I have to go to parents evenings – I hang out in the playground to try to catch them – they trust us because they think we are part of the school – parents often miss appointments, as I said, and phone calls are impossible – I have to catch them at the school gates and you know some of the parents and children have child protection and safeguarding issues and they are hard to reach – I had to push the school sometimes to help. Even with difficult obnoxious mothers, I can usually reach them. I spend a lot of time trying to reach parents and engage with them – lots of parents here don’t have leave to remain, so they could be deported – lots of domestic violence – horrendous abuse – lots of crime – parents are really under pressure and are often away a lot and the

children are shunted around – I really need to be persistent. Some of the family circumstances are so deprived, so terrible that it is difficult for the parents to confront and face it – lots of parents are in denial about their circumstances, because there is no hope and they have to live with it every day.”

The Place2Be was deemed to be “safe” by parents, and commended and valued by children, who were seen as “ambassadors” for the service by school project managers. Learning support assistants who were identified as having low status within the school hierarchy, but who were often mothers from the local community with considerable influence, were often advocates for The Place2Be, with parents of children in the local community, including “hard to reach” parents. It was noticeable how much significance the participants gave to “looking ordinary” and “talking in an ordinary way”, to addressing the psychological barriers for parents in achieving contact, involvement and written consent. On average, there were five missed appointments, in achieving an interview with parents, and obtaining written consent. All participants stressed the importance of a “no blame” approach to these missed appointments, and stressed tenacity in pursuing parents, with a range of strategies, such as catching parents by the school gates, in order to attempt an assessment of the child’s needs, by using ordinary language, e.g. “come up for a chat”; “where were **you** last week? (to a mother who had missed her fourth appointment). “Have you got the time now for a quick chat?” If a parent showed reluctance, participants would ask: “can I text you or call you before we meet just to remind you?” All participants stressed the need to appear (and be) relaxed in their demeanour. One participant wore a school fleece to “look” like a member of the school staff, and often resorted to giving out fruit at home collection time, as part of the school healthy eating strategy, to meet with parents. “Looking” and “being ordinary” were seen as significant skills in addressing ambivalent parents and lowering or eradicating barriers to consent for the therapeutic intervention.

3.6.3 Question from school project manager interview: Tell me about external agencies. How often do you refer on?

Participant: “Well, hardly ever – they would ever get there – their mothers are so ambivalent – this is such a small school – so I can provide them with an intervention, but some are already on the CAMHS radar, but parents won’t go – the

problem is they don't get to CAMHS and then they come back to me on the revolving door. CAMHS asked me to work with these complex children, but as I said, children here are so mobile because of housing issues, because of family chaos, because the estates are being demolished around here – lots of issues with our own moving on to new housing and parents don't have confidence in CAMHS, but I think they do in Place2Be.”

All participants were aware of parental ambivalence about the stigma of the child's difficulties, and the stigma of referral to an “external” professional such as an educational psychologist, a behaviour improvement clinician or a CAMHS professional. The Place2Be service was accessible, because participants responded and adapted to the parents fear and ambivalence and were “accepted” and their offer of therapeutic support accepted for their children.

3.6.4 Question from school project manager interview: Do you think that there is anything that is particularly effective in this model of service delivery?

Participant: “Well, I think the model is effective in that it is embedded in the school; it's – part of school life and there is no stigma – the one-to-one work is where the good stuff happens – consistency and reliable work every week for the child – a good relationship. Well of course it's every week and sometimes for a year or more and that's very unusual – I think that engagement and attachment are so important – the alliance with the child – the Goodman SDQs are useful, but the assessment and the dialogue with parent and teacher is critical and important – measuring effectiveness / SDQ scores I don't think so much – I think it's more about talking and observing the child – observing them in the playground and the school – many of the children here often beg to stay on longer – it's very visual to assess a child's change in behaviour – teachers often report positive changes in behaviour – the children are easier to manage in the class – teacher reports are good – shifts at home are often reported by the parent – it's not scientific – it is observable – its subjective, looking at their behaviour and friendships over time.”

3.7 Category Four

3.7.1 Barriers to efficacy of the mental health model

Numerous barriers were identified by school project managers, which needed to be addressed. “Fear of being swamped” by the overwhelming level of need of the children was common, with particular reference to the size of the model, given that the average size of the model was two and a half days a week, in reference to schools with a population of between 300 and 400 children. One participant stated that she believed accessibility was a myth, and that nobody had prepared her for her induction in The Place2Be for the need to say “no” to children, all the time, due to the human resources and the size of the model. Pressure of time and the paperwork required by The Place2Be, for the purpose of evaluation, was seen to be a barrier and pressure on school project managers. Teachers could be sabotaging some of the therapeutic work, by avoiding pre- or post-assessment meetings, either due to the pressure of their own administrative tasks, or contempt (or envy) of the school project manager. All participants stressed the importance of being open, listening, respectful and collegial with teachers, even if they were met with hostility or resistance.

3.7.2 Question from school project manager interview: What is your DNA rate (do not attend rate)?

Participant: “I always get consent from parents – I don't think I have one who has said no”.

Probe: “Is that important and is this a reflection of the reputation of the school or the reputation of The Place2Be – this is a very deprived area where parents might be hard to reach.”

Participant: “I work with the SENCO and the teacher to process referrals – Place2Be is well known in the school and there is peer power by the children – they advocate for the service to the parents at home – my approach to the parents is critical, being non-judgmental, non-blaming – the way I speak to them is important. I talk to them in a very non-judgmental way – I listen to parents, so do not attend [rates] are very low – once in a blue moon – I’ve never had a child not want to come to one-to-one work.”

Cultural issues were often a barrier, because parents and children, in many schools, often had English as a second language, and parents liked to “keep themselves to themselves” and “mind my own family business”. Participants identified “damaged attachments” in parents’ own childhood and experience of school, and this being a factor in their difficulties in attachment to their own children, with parents’ own experience of insecure and inconsistent attachments in their adult partnerships or relationships. The chaotic lives of parents, and their issues with alcohol, drugs or mental ill-health, were identified as a factor in a parent’s inability to attend appointment times, for clinical assessment; indeed, school project managers, in five of the six schools, estimated that seventy-five per cent of the parents were “hard to reach”. Parents’ fear of blame for the causation of their child's distress or difficulties, or guilt, were felt to be a factor in parental ambivalence, and with fear of criticism from the therapist or being “talked down to” by the manager. Parental wish for a “quick fix”, and refusal to engage in the therapeutic process, was also felt to be a barrier to efficacy, in the therapeutic outcome. Long waiting times for external interventions, such as CAMHS, were identified with barriers of high threshold and short-term interventions by CAMHS. Parental refusal or inability to take their child consistently to sessions was also in issue, in therapeutic outcomes for the children.

3.8 Category Five

3.8.1 Characteristics of The Place2Be therapist / school project manager

Participants described the importance of being “open”, “non-judgemental” or “non-blaming”, and tenacious in reaching out to parents and children. “Finding a common language” with parents and school staff was felt to be vital in building confidence in the therapeutic service. Modelling the core conditions of congruence, empathy and unconditional positive regard was identified by all participants, despite their differing theoretical orientation or model. Being calm, reliable and collaborative were felt to be key characteristics in establishing rapport in adults and children. Collaboration with external agencies and joint working, were identified by five of the six participants as significant, and particularly with reference to children in great

distress, or who were exhibiting suicidal ideation or depression. Offering a consistent, secure, reliable attachment in the therapeutic work was seen to be a key factor in addressing the child's difficulties, and "letting the child be", and offering a non-directive space for the child to explore, and work through their difficulties, was seen to be important. Promoting the phenomenon of curiosity with parents and teaching staff about the meaning of the child's behaviour, however threatening or challenging, was deemed to be of great significance.

3.9 Category Six

3.9.1 Measuring the impact of therapeutic intervention

Participants described the systemic model of "learning and thinking together", to identify and address the mental health needs of children and parents. Teachers were perceived to be working under great pressure, with new government initiatives, inspections by Ofsted, and focus on SATS results. The child was never seen in "isolation" by any of the therapists, but rather at the centre of their two different and often conflicting domains of home and school. School project managers valued the measure of the Goodman SDQs (Strength and Difficulties questionnaire) and the impact score, as a measure of efficacy. Participants valued their own perception of the child's behaviour and conduct, pre- and post- The Place2Be intervention. Behaviour shifts or "little shifts" were identified as a way of identifying change, due to the impact of the therapeutic intervention.

3.9.2 Question from school project manager interview: What are the main benefits of the service to children, teachers and parents?

Participant: "One of the main benefits is that something is being done with these difficult, complex children – a child will impact on the relationship with a parent and the benefits I think are intangible and unseen – unconscious sometimes – I mean the SDQs try to measure effectiveness, but they are not good for assessing improvement – they are not good for assessing movement and change – I use intuition and observation of the child in the classroom – sometimes their scores worsen, but actually we have made a positive impact."

Participants described how they would observe the child, in the classroom and playground, to assess this behaviour shift. The teacher's value of the mental health service was related to their experience of the child becoming more manageable, in class, and becoming more open to learning, and progressing with their academic targets. The Place2Be was perceived as an accessible mental health service which could "contain the escalation" of the child's challenging or distressing behaviour and vulnerability, and prevent more sedimented behaviour and exclusion.

3.10 Category Seven

3.10.1 Strengths of The Place2Be school-based mental health services

All participants were aware of the impact of poverty and socio-economic deprivation on the school community, and on children's mental health, and promoted the service as a universal, but targeted, mental health service for children. Aspects of the service included The Place2Talk, a lunchtime drop-in counselling service open to all children. The Place2Talk was seen as a "universal" service which could identify withdrawn or shy children who were not referred for therapeutic work, since their behaviour was not aggressive, conduct-disordered or challenging. However, some of the children presented issues, in this drop-in service, which were not known to the school staff or to the teachers, but which could lead to a clinical assessment or referral for long- or short-term therapeutic work. Targeted one-to-one counselling was conducted in The Place2Be room, which was a designated therapeutic space, with art materials and therapeutic toys for the sole use of The Place2Be work. This was a highly valuable asset in providing the children with a consistent and unchanging space, to work through, and contain their issues, which were often a reflection of their volatile, inconsistent and unpredictable experiences with their adult carers. As most schools in this Southwark cohort were built in the Victorian era, and overcrowded with inadequate playground facilities, The Place2Be room was a measure of the value of the service and integration and acceptance by the head teachers, and school staff, who were themselves working in cramped and overcrowded conditions, within the schools.

Immediate referral to the service for critical issues, such as parental death, bereavement, domestic violence, substance abuse by parents, or parents' physical or mental ill-health was deemed to be important to the school staff and the needs of the child.

3.10.2 Question from school project manager interview: What do you think is effective about school-based mental health?

Participant: “Well, they are a captive audience, you can reach the children consistently – in external services people leave all the time and many of the children have attachment problems and they can get exacerbated – they go off to CAMHS and then they get let down and are in a mess when the clinician leaves – whereas here we can offer the child consistency over time – then another thing – you can get hold of the parents easier – they respect the school's power and authority – they know the school – they're not so anxious – I work with the parents a lot – and it reaps big rewards – in terms of thinking about the dynamics and the child at the age that's important – getting them while they're young. It's fantastic.”

The Place2Be was seen to be providing an “inclusive” model by all the participants. Becoming part of the school fabric and, at the same time, remaining “meta” to the school system enabled school project managers to offer therapeutic consultation and perspectives to parents, teachers and children. Not seeing the child in isolation, but involving the parents, teachers and school staff, at every opportunity, was seen to promote support and positive outcomes for the child, parent and teacher. Not being a “threatening expert” and attempting to remain non-judgemental was deemed to be vital in eliciting the trust of parents. The shared alliance and engagement of The Place2Be therapist, teacher, SENCO, parent and child was the focus of the systemic therapeutic approach. Participants stressed finding a “common language” within the different systems that were sometimes antagonistic or suspicious of one another, with parents denigrating the school, and school staff judging parents' inadequacies or chaotic lifestyles. The Place2Be was seen to be an acceptable and open door for mental health support, although the descriptions and language used of the support, were often oblique, when meeting parents, to ensure that they were not alienated. One participant talked of “leaving theory outside the door”, because they believed

that, if they could establish a therapeutic alliance with the parent, teacher and child, the outcome for the child would be positive, whatever theoretical approach was employed. Long-term one-to-one work was valued by participants, who were able to offer weekly fifty-minute sessions for one academic year, which could sometimes be extended, if the child's assessment or mental health needs were complex. Collaboration of all parties within the child system was both a challenge and a rare opportunity to strengthen resilience, sociability and autonomy in the child. Group work was offered in each school, and each participant endeavoured to offer two therapeutic groups, per year, with the summer term therapy group supporting year six children, with their issues of anxiety, regarding transition to secondary schools, following the summer term.

3.11 Response of Participants in Group Focus Interview

All six participants were sent a draft of the paper, as a first stage, and invited to a meeting for one hour, to reflect on their experience of the interviews, and the grounded theory analysis. This was recorded on a tape machine and later transcribed. Participants were vocal in valuing the opportunity to talk about the experience of their role as school-based counsellors, but felt that the passion that sustained their morale and attachment to the work was not reflected in the grounded theory analysis. They also felt that there were "missing voices" from the research, and that the voice of the parent, teacher and child needed to be seen, heard and reflected. In response to a question about their knowledge and epistemological stance as therapeutic practitioners, all six participants felt there needed to be attention paid to the key therapeutic skills of "holding and containing" the child and parent, and the crisis that was often presented in an assessment. Indeed, there was a concern that this first stage inquiry was too positive, about what could be achieved. The group felt that practitioners were often working in a "therapeutic twilight zone", where damaged attachments, anxiety and complex family circumstances ensure that a good therapeutic outcome for the child and parent were difficult to achieve and measure. The official "measures", of the Goodman strength and difficulties questionnaire, obscured and did not reflect their ability to support a child and the family. They reflected on the paradox that the depressed and withdrawn child may become more vocal and aware of their situation and, therefore, the SDQ score

would reflect a higher abnormal score of distress. All participants felt that further attention and research should focus on the relational and subjective truth of the individuals within the child / school system. There was a recommendation that a qualitative and emotional measure could be developed to reflect this, for their termly reports to the school and the annual Place2Be clinical audit. Four of the six participants felt that their “knowledge” and assessment of a child was, essentially, drawn from observation of the child and the parent, in the assessment meetings, combined with their therapeutic intuition, and observing the child in their interaction in the playground. The subjectivity of the practitioner’s knowledge was felt to be worthy of further research, together with an attempt to research the relational skills that were so essential to working with “hard to reach parents”. Although the importance of offering a non-stigmatised approach emerged in the grounded theory, the participants felt that it was not sufficiently described, or reflected in the categories. Finally, all participants felt that the grounded theory analysis was an important stage in attempting to describe their work and experience, but would need “to be brought alive” by the use of case vignettes and case studies, which would demonstrate the complexity of their experience and skills, and a more nuanced truth, than this first description.

The six participants were highly engaged and committed individuals and their emotional intensity in the one-to-one interviews and group meeting had a profound impact upon me, as a researcher. Further research could be undertaken to elicit the participants’ emotions and voices, through heuristic research methods, such as heuristic enquiry (Douglas and Moustakas, 1984); or interpretative phenomenological analysis (Smith, et al., 2009).

The group focus interview was significant in raising my awareness of the lack of attention paid, in the initial interviews, to the emotional responses of the participants to the task of providing a counselling service to children in the complex system of a primary school. The participants conveyed a “survivor” mentality and resilience, which I failed to examine and elicit, in the one-to-one interviews. One participant stated:

“I couldn’t engage with the first part of the paper, it seemed rather dry and boring. It started to come alive when you described the categories which emerged from the interviews and I recognised myself in the work that I do – but my work in the school is incredibly complex and changes all the time, and I don’t think that came across in the paper.”

(Participant, Group Focus Interview)

This was a challenge that was direct and revelatory, in that in my anxiety as a novice researcher, I had stayed primarily at the cognitive level, and my questions to participants, shaped their cognitive responses. Their passion, energy and commitment were palpable, in the interviews, and I felt it; but, my facilitative interviewing skills were undeveloped, until I was able to meet participants in the group focus interview. I became aware that my anxiety as a researcher had paralysed my “voice”, and that the rigidity and dryness which is reflected in the grounded theory categories is an accurate reflection of my cognitive bias, at this stage of the research. I entered the research with “two left feet in lead boots”, due to my anxiety, and therefore felt unable to “dance and move”, with the participants, in the first round of interviews. I felt that the participants intuitively recognised this anxiety and we were able to “dance together” in the group co-operative inquiry, in a clumsy, but more authentic manner.

I did briefly consider that grounded theory was an inappropriate methodology for interviewing the participants; however, I realised that this is like a bad workman blaming his tools! It is clear to me, on reflection, that my anxiety in the interviews restricted my curiosity and did not enable me to be curious, probing and exploratory, and thus reach a truly grounded analysis. For example, it is clear from several of the initial categories that the relational skills of the participants were a key factor in efficacy, and yet they were not fully realised in their description, since I did not explore the emotional connections between the participants (child, teacher, parent and therapist). Further study could reveal a much more interesting and engaging description of the different and adjacent worlds of the participants.

My stance, in the first research stage, was cautious and cognitive and, therefore, I believe the key emerging theme in the group interview was to “loosen up” as a

researcher, take some risks, probe deeper and further, and attempt to engage all the dimensions of the participants' experiences, rather than just their thinking. What is the emotional impact of working as a relatively lone practitioner in a highly deprived environment? How can the efficacy and limitations of The Place2Be impact be revealed, become more nuanced and potentially more "truthful"? I am also influenced by the participants' response in the group inquiry, that to "bring the work alive" and demonstrate the therapeutic potential, I should seek to employ case vignettes or a case study methodology, to engage the reader and participants in the field, to demonstrate the multiple adversities faced by many children, in the inner city school.

3.12 Implications of the Research

This study has identified the complexity of a model of mental health service delivery, in a cluster of primary schools, in an area of high socio-economic deprivation. Barriers to written consent for the child's therapeutic intervention have been identified and explored. "Being ordinary" and "seeming ordinary" were key skills in addressing parental suspicion or ambivalence. The location of the mental health service in the fabric of the school, and systemic collaboration with teachers, parents and children, were identified as necessary to achieve good outcomes for children. Judicious use of language and terminology in addressing parents and achieving collaborative working was highly significant. The Place2Be school project managers avoided terms such as counselling and psychotherapy, or using terms describing deficits in the child or parent, but rather stressing positive non-judgemental factors in supporting the child and parent. "Come up for a chat" was employed, rather than an invitation to a clinical assessment of the child's difficulties and risk factors. Theoretical orientation or models or techniques were not felt to be useful by participants, but rather the application of a set of therapeutic attitudes and skills: consistency, reliability, containment and the core conditions of congruence, empathy and unconditional positive regard. Finding a common language with teachers / parents and children and an ability to "contain" the child's distress, through the choice of the therapeutic intervention of one-to-one therapy, group work or place to talk, was deemed to be critical.

Further research could be undertaken into school-based mental health and parental ambivalence in giving consent and engaging with the therapeutic work. This research would be particularly valuable, if it focused on the areas of socio-economic deprivation.

The use and awareness of attachment theory (Bowlby, 1969), and the provision of a safe and consistent attachment to The Place2Be counsellor or school project manager, was perceived to be an attempt to model a secure attachment in the school environment, to provide reparation for the children's ambivalent, inconsistent or damaged attachment experience with their parents or carers. Participants were aware of The Place2Be as a "secure base", (Ainsworth, Bowlby, 1969), for which the children could make connections with their experience, memories, feelings and behaviour. School project managers were acutely aware that they provided the luxury of time and space for skilled therapeutic attention, in a system where teachers were preoccupied with managing whole class behaviour, as well as meeting school and government targets, on a range of initiatives and educational attainment measures. Trust and acceptance of the service as a model of integrity, by teaching staff, learning support assistants and parents, was essential to the provision and efficacy of the range of therapeutic services available to children and the school community.

3.13 Implications of Findings to the Professional Field and Future Directions

This chapter has been illuminating in identifying key areas which I propose to develop in the later chapters, in the final project. Participants have identified vulnerable children in the "hard to reach" cohort of their child clientele, with the following characteristics: children who require therapeutic support, due to their parents' misuse of alcohol or drugs; and the attendant child protection issues, due to neglect, physical abuse and chaotic parenting. A recent paper by Beckman, et al., (2009) has delineated three areas of risk for such children: impaired socio-emotional and cognitive development; impaired and chaotic physical care and maltreatment; and a salient risk factor for the development of substance misuse for children, as they mature. The same study has identified risk factors for children, such as reduced

social and intellectual functioning, deficits on SATS results, and conduct and behaviour disorders amongst children of opioid-dependent parents and carers.

A second group of children identified, in this research, are children who are involved in family domestic violence and abuse. Nearly seventy-five per cent of children living with domestic violence have witnessed the violence, or are in the same room as the violence and assault. This cohort includes ten per cent who witness a sexual assault of their mother by her male partner (Abraham, 1994). Between thirty and sixty per cent of children exposed to domestic abuse are themselves physically abused (Abraham, 1994). Participants in this study identified the affect on children as ranging from aggressive and conduct-disordered presentations, to withdrawal and “acting-in” responses, such as depression and self-harm. Further research could be undertaken into the formulation and response of The Place2Be clinicians to this cohort of vulnerable children. A significant proportion of children living in temporary accommodation, in this research study, were in a refuge, due to domestic violence, with attendant uncertainty, instability and impact on their mental health and that of their main carer, invariably a mother. In such scenarios, CAMHS service may withdraw, or postpone therapeutic engagement, until the family is placed in a secure context, so that work can be planned with clarification of mutual expectations. However, the result is that some of the neediest children have no access to external specialist mental health services. For such children, in The Place2Be schools, in contrast, they can be immediately assessed and assigned to a therapeutic intervention, involving play or art therapy, or long-term counselling.

A large proportion of the children, identified in this study, have multiple risk factors and complex family circumstances and issues. Participants described the attempts to refer such children to the external CAMHS services, and how a “boomerang” effect would occur, due to long waiting times and high threshold for acceptance, to the tier three services. One participant described her experience and frustration relating to the belief that, unless children were exhibiting psychotic symptoms or were severely self-harming or suicidal, they were not offered a place on the CAMHS waiting list for therapeutic intervention. The “boomerang” effect was also highly significant, due to parental ambivalence and refusal and inability to take up the offer of a

referral, or an invitation to engage with an external mental health professional. Further research should be undertaken into this phenomenon, and how a school-based mental health service can support appropriate external referrals. One of the absent voices in this study is the view of the parent and their anxiety, ambivalence and attitude to the offer of a therapeutic intervention for their child. Since children cannot be regarded as a significant “change agent” for their difficulties, further investigation could attempt to study the phenomenon of parental anxiety and ambivalence and their experience of the school-based mental health service.

However, participants felt that the “missing voices” of the child, parent and teacher, needed to be acknowledged and explored. Particular emphasis could be given to acknowledge the emotional response of the child to the intervention and to reflect on their experience and engagement. This would be a challenging, yet significant, area of research.

Finally, I must reflect on the experience and response to this grounded theory analysis of myself as a research student. My overwhelming response at interviewing the participants, in this study, was feeling emotionally engaged with the passion and commitment of the school project managers. Although I am a researcher within The Place2Be organisation, my role as a regional manager is two positions removed from the clinical work, in the primary schools. My work as a regional manager is cognitive, supervisory, decisive and managerial. I respond to problems within the service system, funding issues, human resource conflicts and staff problems. I was deeply impressed by the commitment, passion and clinical expertise of the six participants and this experience reminded me why I was drawn to the organisation, fourteen years ago.

Fourteen years as a senior manager has led to a withdrawal from feeling emotional engagement with the work, within the schools. This study has re-engaged my compassion and passion for the work, along with my sense of care about the primary task of providing responsive and flexible mental health services to children and supporting the extraordinary individuals who have chosen to work as school-based therapists.

My reflexive response was one of admiration for the school-based therapists and their many qualities, and envy for the children receiving long-term therapy. My own experience of school was that I felt lost in an emotional desert and felt a prisoner in a system from which I could not escape. I am sure I would have been a “Place2Be” child, as my own vulnerabilities, were apparent. I was avoidant of school, and would take any opportunity to “be sick” for as long as possible. During my experience as a primary school child, I was diagnosed with pneumonia, a brain haemorrhage, viral meningitis, a double hernia, kidney stones, an inability to walk, and numerous ailments, ranging from migraines to digestive problems. I distinctly remember my delight in faking the symptoms of stomach cramps, and being rushed to hospital in an ambulance for an emergency removal of my appendix. As the surgeon remarked to my mother, afterwards, he had removed a completely healthy organ and was puzzled by my dramatic symptoms. This Munchhausen by proxy and hypochondria was exacerbated by a neurotic refusal to eat food. After several weeks or months of absence, due to various illnesses, when I returned to school, I was placed on a special dining table for the “difficult eaters”, and my food would be cut for me by a dinner lady, and be counted, and I was not allowed to leave the table, until I had consumed half the food on my plate. I possess a shocking photograph of myself, at this time, when I was ten years of age, where I look truly anorexic, with painfully thin arms and a protruding ribcage. I reflect, now, that my undiagnosed “anorexia” was an expression of my protest at the psychological conditions of the attachment relationship to my parents and my home life, and a desperate attempt to control something in my life. To be permanently sick and ill was an experience of being “special”, and an attempt to win the approval of my mother who loved to play nurse to a permanently fragile son and “patient”. I would often be hospitalised for long periods of time in the 1960s, and would weep when I had to return home. Hospital was an experience of containment, with caring adults, and I became habituated to the institution.

Like many children receiving a Place2Be service, my behaviour and symptoms were an attempt to communicate my story, my dilemma, and were meaningful. However, the interpretations were not psychological, but have resulted in my body having a large number of interesting scars from various operations for fictitious

ailments. From a childhood experience of disgust and fear of food, I am now a middle aged “wounded helper” therapist, with a rapidly expanding waistline!

Most of the children receiving a Place2Be intervention have been identified by their “acting out” behaviour, although there are a significant number of neurotic children, like myself, who are “acting in” and withdrawn and isolated, with low self-esteem and lack of confidence.

As a child who dreaded school and avoided school, wherever possible, I survived by withdrawing into myself and took refuge in my “dubious status” as an invalid and as a “fragile child”. I feel that my driven and compulsive work ethic, at The Place2Be, over fourteen years, is linked to this experience of school avoidance, and school failure.

3.14 Limitations of the Study

The participant sample was a relatively small group of six Place2be school project managers. Typically, grounded theory research is carried out on data sets, from between eight to twenty informants, so caution must be expressed in the findings and conclusions of the study. Furthermore, the participants were therapists who were confident and established in the school environment, and who had worked for The Place2Be, for a minimum of two years, but an average of four years. It would be interesting to note if the conclusions would be different, with less confident and newly arrived school project managers, in a primary school. Also, this study focused on an area of complex and challenging socio-economic deprivation, in the inner city. A study in an alternative Place2Be cluster of schools, in a rural environment, such as Durham or Blythe, would yield interesting comparison and balance to the conclusions of the study. As described, above, more attention needs to be paid to the meaning and subtlety of working as practitioners, in inner city schools, and the “other voices” need to be included in further research, particularly the voice and perspective of the child.

This first research chapter has sought to contribute to the rationale for school-based mental health. There is increased recognition for flexible, sensitive and responsive

service delivery for “hard to reach” children and their families. This chapter has sought to deepen, demonstrate and disseminate this agenda, and provide practical recommendations and clinical insight to substantiating school-based mental health initiatives. This chapter has further contributed to the debate for targeted therapeutic services, as a model of therapeutic efficacy and social justice.

Chapter 4: HEAD TEACHER INTERVIEWS

“For almost a dozen years during a formative period of their development, children spend almost as much of their working life at school as at home. Altogether this works out at some 15,000 hours (from the age of five to school leaving), during which schools and teachers can have an impact on the development of the children in their care.”

(Rutter, et al., 1979)

- **Interview with Six Head Teachers**
- **Rationale for Research Method**
- **Ethical Consent**
- **Data Collection and Analysis**
- **Implications of Interviews and Findings**
- **Participant Feedback and Reflection**

4.1 Head Teacher Interviews: Research Method and Design

Following the grounded theory analysis of six senior school project managers and therapists, I decided to approach six head teachers and use the grounded theory method to analyse the data (Strauss and Corbin, 2008; Glaser and Strauss, 1967).

I had learned, from my previous research, to allow a realistic timescale, and the interviews took place over a three-month period, with analysis of the material taking eight weeks. Again, I intended to create a description and theory from the data, and identify recurring meaning categories from the interview data, using a method of constant comparison and open coding, until saturation is achieved.

I was greatly supported by the comments of the co-operative inquiry group of eleven participants, in September 2010. The group felt that I should be alert to the danger of a positive bias in the data analysis, as an “in-side” researcher, and should, therefore, ensure that I attend to the head teacher’s dissatisfaction or disappointment with The Place2Be service, as well as their satisfaction. I was also anxious to

engage, relationally, with head teachers and depart from my “script” of semi-structured questions, which had led to a rigid and dry “grounded theory”, following the school project manager’s interviews. I wanted to probe deeper and further with the head teachers, and come out from behind the “researcher curtain”, into the interviews, to elicit the nuanced experience of the mental health service, of six busy head teachers, in inner-city primary schools.

Six head teachers were recruited for interview from the termly steering group meeting, composed of 38 head teachers and stakeholders, across the inner-city hubs of Greenwich, Wandsworth, Southwark and Brent. I was interested in interviewing head teachers who had experienced The Place2Be service in their schools, for a significant time, (the median partnership time of the six schools was seven years, with two schools having The Place2Be for ten years).

Ethical permission for this research was granted from The Place2Be Research and Advisory group (Appendix v) and the Metanoia Ethics Committee (Appendix vi). All six head teachers were guaranteed anonymity and confidentiality, and were sent an explanation of the research, the research method, and a participant consent letter (Appendices vii and viii). This letter stated the condition that I will send all participants the completed paper, with an option for a further meeting and discussion of the implications for the participants. I was anxious to ensure that “I give something back” to the participants, and collaborate on implications to improve the service and understand the motivations of each participant, to retain The Place2Be service.

Semi-structured interviews were held on head teachers’ school premises, for one hour and were taped, and later transcribed, prior to analysis. A three-stage process was adopted (Glaser and Strauss, 1967). Initially, in the first stage, I attempted to identify the type and range of concepts which I wrote up on a large sheet of paper, before coding the categories into units of meaning. During this process of the analysis, post-it notes were employed to generate possible hypotheses and themes. Finally, I attempted to collate and reference these units of meaning into main categories of meaning, upon which I shall reflect, in this paper. Categories were built up from 174 meaning units, in the transcripts, and resulted in nine categories of

meaning, relating to impact and the value of the service; the impact on children; the impact on parents; the impact on school staff; measuring the impact of the whole service; the impact on school exclusions; pressures on the mental health of children and families; reflection on the systemic model; the critique of The Place2Be service; and model of service delivery.

4.2 Category One

4.2.1 The value of the service

Participants valued the clinical skill and expertise of the school project manager and The Place2Be volunteer counsellors. They reflected that teachers did not have the time to sit with a child, and listen to them, as a Place2Be clinician could do, providing consistent attention and clinical focus, for a fifty-minute session, for a whole school year. Participants were also aware that large numbers of children in their school were being offered a high quality service, which was accessible and free of stigma for the child. The embedded mental health service was highly valued, because it was flexible, responsive, and promoted the experience of the “team around the child”, since The Place2Be staff attended inclusion and multi-agency meetings, to think about the child's needs. Head teachers felt that the school project manager offered a “different perspective”, when thinking about a complex child with multiple needs. . Moreover, participants felt that teaching staff have become more emotionally literate and aware of the complexity of children's behaviour. (Before The Place2Be service was embedded, one participant noted that the staff would respond with sanctions, when confronted by challenging or aggressive behaviour from children).

4.2.2 Question from head teacher interview: How does The Place2Be help the school community?

Participant: “Raising awareness of children’s mental health. Staff such as LSA’s would have seen children behaving badly and needing a sanction – whereas, now the staff are more aware of the behaviour being meaningful. There is something in

the child's life that is worrying them. Now my staff talk to the school project manager and each other. The school project manager is available to staff and these discussions feed through to key staff such as the inclusion officer and home school liaison officer and the SENCO and myself. It has helped me enormously as a head teacher. I don't have all the answers to a child's difficulties. My school project manager has valuable contributions – she will often have a different perspective from school staff and it has changed the ethos in my school – and the children benefit. They now know it is important to talk through their problems and worries.”

The immediacy of response was highly valued, with head teachers reflecting on how inaccessible and frustrating CAMHS could be for teachers and parents. Thresholds for referral to CAMHS and social care were high, in all the four local authorities, in which the schools were based, and were inaccessible to parents of children, for many reasons, which will be reflected in another category. The Place2Be service saved time for the head teachers, with several participants reflecting that they would have had to spend considerable amounts of time resolving children's disputes and conflicts, where The Place2Be now provided the clinical time and skill, through The Place2Talk, and one-to-one counselling sessions. Several participants commented on the calmer atmosphere of their school and playground, which they attributed to The Place2Be service, with a school project manager viewed as a “trusted person” accessible to all children in the school.

4.3 Category Two

4.3.1 Impact on children

It was noted by participants that significant numbers of children used the service, at different levels, from short-term counselling and Place2Talk lunch sessions, to long-term counselling. The Place2Be provided “strategies for coping”, and paid particular attention to the issue of friendship in the lives and development of children. Socialisation and friendship networks were seen by head teachers to be of crucial importance to children, and The Place2Be provided immediacy and accessibility, to reflect on, and process this experience.

4.3.2 Question from head teacher interview: Do you think The Place2Be helps you manage children with challenging behaviour?

Participant: “Some of the children are so troubled. There are about ten to twelve children who would have been at risk of exclusion. Since we have had The Place2Be, we have had no permanent exclusions. The Place2Be has been a significant part of that. Many of the children here are coping with insecurity and low self-esteem. The skill of the therapist enables the child to open-up – it helps then enormously. We have been really impressed with the work of the volunteer counsellors. We can spot the triggers earlier so we can step in and support the child, rather than sanction them. It has been incredibly positive. It has helped us with vulnerable children facing secondary transfer. The first weeks of secondary school can be incredibly difficult.”

Participants, in all schools, noted the extreme and significant mental health needs of their children, relating to unpredictable and chaotic home life and the impact of inner-city deprivation. Six head teachers noted that all the children in their school benefited from the service, because the cohort of needy and demanding children were being offered a Place2Be service; therefore, they were less disruptive in class, and the learning environment was calmer and more functional. All head teachers felt that the provision of therapy enabled children to achieve, academically, and engage with their lessons, since they were less burdened and distracted by their emotional needs.

Although an in-house mental health service would generally be regarded as a tier one and tier two provision, within the CAMHS framework, head teachers noted that considerable numbers of children with highly complex needs were being served by The Place2Be. It was also noted that they would be unlikely to access external support, due to parental ambivalence, and fear of stigma. The children were not concerned about asking The Place2Be for help with their emotional needs, and one head teacher commented that children in her school felt it was their “right” to be listened to and heard by a responsible adult, and that this would support their emotional and psychological resilience, in later life. Bullying and aggression were

reduced in the playground, and children were able to develop emotional resilience through the therapeutic contact. In one Catholic school, the head teacher noted that it was usual for secondary school pupils to return to his primary school and reflect on their experience. A significant number had reported that The Place2Be was one of the most useful interventions, and that they were still employing the coping strategies, in their secondary school. “This is what helped me through”, was the comment relayed by one head teacher that a number of his ex-pupils had reported, with reference to their therapeutic intervention, in The Place2Be.

4.4. Category Three

4.4.1 Measuring the impact of the service

There were different responses by head teachers, with all participants valuing their own perception and that of their staff, of the impact on children and the school environment. Interestingly, however, only one head teacher measured the academic progress of children accessing The Place2Be. He reported that he tracked sixteen one-to-one children, each year, pre- and post- the therapeutic intervention, and that all the children achieved a sub-level or one and a half sub-level progress, in their academic abilities, which was a huge achievement, and allowed the school to “close the educational gaps” for this cohort of children.

4.4.2 Question from head teacher interview: How do you measure the impact of The Place2Be on your school community?

Participant: “We track educational attainment and I can see a positive difference in the self-confidence of children who come to The Place2Be. Currently, out of twelve children receiving one-to-one therapy there are four who might have been excluded. Children now are not afraid to talk about their problems. We notice that there is less aggression in the playground. The Place2Be enables us to hold complex cases and hold the child in the school. We are working with high risk children with very complex needs. These children can make professionals feel very impotent. They are “hard to reach” and we can feel very challenged. Having a school-based mental

health service has enabled us to understand and hold children who are depressed, introverted and disengaged from education. My school project manager is part of my school project team. The Place2Be has influenced my school in raising the awareness of the importance of children's mental health."

Head teachers reported that children were more socially developed as a result of their therapy, with a noticeable improvement in their self-esteem and confidence.

One head teacher noted that she tracked disruptive behaviour through her "behaviour log", and incidents of unacceptable behaviour had greatly reduced, in year two of The Place2Be service, and could be attributed to the provision of The Place2Talk lunch time service. The belief of the head teachers that there were positive impacts for the whole school was noticeable, but this was based on positive parental feedback and their own observations, rather than "facts" or "hard evidence". However, participants stressed that not everything can be quantified and measured, and to isolate The Place2Be by intervention would require a control group, which would mitigate against the accessibility of the service. All participants valued The Place2Be as a significant part of their "inclusive school strategy", with children who would have been excluded, staying in school, and engaging with education. One participant commented that The Place2Be helped them contain and understand the complexity of children, and their mental health needs. Early intervention for children's mental health needs was seen as crucial, and most participants gave several case vignettes on complex children "at risk", who had been helped by the school-based mental health service.

4.5 Category Four

4.5.1 The impact on parents

Five of the schools had a parent worker based in their school, who offered confidential long-term counselling to parents. This was valued by the head teachers who felt that the location of the parent counselling, in the school, and the personal attributes and approachability of their parent worker, enabled parents to overcome their reticence and anxiety, and ask for therapeutic help.

4.5.2 Question from head teacher interview: How has The Place2Be had an impact on your parents?

Participant: “The fact that it is school based, parents can access it. The DNA rates are so low for The Place2Be. The parents and children in my school are some of the most vulnerable in society. Before we had The Place2Be, there was nothing in tier two that was accessible, so we had to fudge along. My school project manager is very good at reaching out to parents. She is very visible in the playground, during the morning and afternoon, and attends parents’ evenings. A great example was yesterday when a parent who is very “hard to reach” suddenly appeared in the playground. The school project manager in a very quiet and calm way approached him and managed to get written consent for his child to have counselling.”

One parent commented to a head teacher “it isn't really counselling – we just chat”. Indeed, therapy could be described as “just chat”, or “conversation”, but to paraphrase Adam Phillips, it should be “the most interesting conversation in the world”. The provision of highly skilled professional “chat”, was deemed by head teachers to be critical in reaching “hard to reach” parents, and head teachers identified the barriers to parental engagement as cultural, “not revealing family business”, and fear of stigma, and being judged by professionals. However, the school project managers were invariably successful at engaging parents and obtaining consent for the therapeutic work.

Numerous instances were offered as examples of what one head teacher referred to as “quiet tenacity”, in attempting to engage parents; but, presence in the playground at drop-off and pick-up time for the children was seen to be crucial, and understanding that tenacity was critical, to reaching “hard to reach” parents, was commended. The non-stigmatising approach of The Place2Be clinician was a key factor. All head teachers commented that CAMHS was too remote and inaccessible, geographically and psychologically, and, in Wandsworth, was located in St George’s Hospital, which was deemed to be “scary” and “too scary” to enable parents to engage. Thresholds for CAMHS referrals were deemed to be high and inaccessible to most children and parents, with waiting times, too long. Participants

felt that The Place2Be provided immediate response to parents, with no barriers, which enabled parents to overcome reticence, ambivalence or anxiety. Cultural issues were understood by Place2Be managers, with one participant valuing the presence of a black school project manager, as a key factor in engaging “hard to reach” West African or Nigerian parents whom he felt had a defensive response to the exposure of “family business”.

4.6 Category Five

4.6.1 Impact on exclusions

All participants reflected on the positive impact that The Place2Be service had on highly complex children, at serious risk of exclusion, although permanent exclusions had been stopped by the local education authority, in Southwark, with the policy of “managed moves” from school to school, of troubled children. Four of the six participants were emphatic that The Place2Be intervention was the key factor in enabling the school to contain the child, until the end of year six, and the transition to secondary school. The median annual number of children in each of the six schools who were not excluded, as a result of The Place2Be holding and containment, was four in each school. All participants commented on the complex life situation of a number of The Place2Be children, with children with mild to moderate special needs, “looked after” children, and children who had been adopted due to traumatic abuse, amongst this cohort. All participants reflected on the challenge of transfer to secondary school, and how school and The Place2Be was a strong partnership in supporting anxious and vulnerable children. Two of the six participants gave positive (but dismal) examples of how The Place2Be had offered intensive and long-term work to two complex children with severe emotional and behavioural needs, to remain in their primary school, only for the children to transfer to secondary school, with no therapeutic support available. The result was permanent exclusion, in both cases. One participant also maintained that there were considerable cost savings to enable her to retain special needs children in her school, in a Place2Be intervention, rather than the boarding school option, at an average cost of £80,000, per annum.

4.7 Category Six

4.7.1 Pressures on the mental health of children and families

Poor housing was a key theme, in all six schools, with five head teachers reflecting on the pressure of sub-standard, overcrowded accommodation and the strain and stress on parents and their children. The subsequent mobility of children and parents was high, in most schools, with children moving into temporary accommodation, at relatively short notice, and new children arriving in school, or moving to another area, with subsequent dislocation, trauma and stress for children.

4.7.2 Question from head teacher interview: What is the pressure on the mental health of children and families in this school?

Participant: “Good old fashioned poverty! Terrible housing and over-crowding – massive amounts of domestic violence. Substance abuse is massive here. Lack of aspiration and motivation – lack of positive role models. Crime – and being scared. Gangs and violence are very real around here. There are culturally specific issues – Bangladeshi disempowered women suffering horrendous domestic violence. Cultural disconnect between first generation parents and their children.”

All participants were aware of the impact of separation and divorce on children, with some head teachers aware of the conflict for children of being “a go-between” or “hostage” to parents fighting for custody, or enacting revenge on a former partner. Several head teachers reflected on the impact on mothers using their children as confidants or “substitute partners” to their own turmoil, and the boundary issues of expecting their child to be their “best friend”.

In five of the six schools, deprivation, crime and fear of crime were prevalent, with parents and children being aware of the high crime rate of their locality, with gangs, knife crime and robbery as having a direct impact on the confidence and security of parents and children.

Unstable family dynamics and inconsistent parenting was a marked feature of the lives of the children, in all the schools, with neglect, a significant pressure on children, in two schools. This neglect was often associated with substance misuse, with one participant reporting that children in her school were often not collected at the end of the afternoon, due to some mothers being intoxicated, or using class-A drugs. Indeed, due to the prevalence of “dealing drugs” on one estate, one head teacher reflected on how drugs such as ecstasy and cocaine were a cheaper way of escaping from reality for mothers, than alcohol. Further to this, there was a brisk trade on the estate, in dealing Ritalin, to control and manage the children’s behaviour. Neglect of children was often a concern for participants, with some children sent to school in winter, without coats, or inadequate protection, and often without breakfast. This was a reflection of the low morale and capacity of parents, to manage the impact of deprivation, long-term unemployment and poor housing. Although participants were aware of a number of initiatives in the community, which could support parents’ emotional or mental health, these were deemed to be too remote, inaccessible or intimidating, for parents to access.

Domestic abuse and violence was a feature, in all schools, with a negative impact on children’s self-esteem and stability, with children described as regressing in their behaviour in school or “acting out” and becoming more violent, as a result of being a witness to this emotional volatility and violence.

4.8 Category Seven

4.8.1 Criticism of The Place2Be model and service delivery

Since the median time of the partnership in the schools was seven years, five of the six schools had experienced two or three different school project managers, over the years. Whilst all participants were extremely satisfied with their current manager, several had been disappointed by previous managers, due to the following reasons:

- the school project manager being “remote”, and disengaged from the school staff;

- a reticence or refusal to share information about the children, or the clinical work;
- low threshold child protection information not being shared with the head teacher;
- school project managers not conveying their clinical thinking, or plans, to school staff, head teachers and governors;
- a lack of volunteer counsellors, in one school; and
- some members of school staff feeling “judged” or assessed by The Place2Be clinician, with a lack of relational warmth or colleague respect.

It was clear that the calibre of the relationship and information sharing was critical, in enabling head teachers and school staff to feel they were working in partnership and collaboration, in the best interests of the children. The complexity of this partnership was evident in most of the interviews, with head teachers reflecting on The Place2Be school project manager as a key individual, in their plans for a “team around the child”, or “the inclusive school”. Whilst clinical skill and a different perspective were highly valued, an equality of respect and understanding of how each school worked or functioned was central to the perceived success of The Place2Be clinician, and school partnership.

The team of four to six volunteer counsellors, in each school, was deemed to be highly effective and professional, with the exception of one school, where there was a current problem, with only half the volunteer counsellor team in function. The qualities of the most successful school project managers appear to be linked to their being perceived as a member of the school staff team; individual, but different, with a valued and supportive perspective on children’s behaviour, emotional needs, and understanding the impact of their parents and family on their emotional and psychological function.

Two of the six participants were highly critical of a recent decision from The Place2Be core hub, to require that all schools obtain annual negative consent to enable children to attend The Place2Talk service, at lunch time, or for parents to refuse permission for this. The lack of consultation with head teachers had resulted in considerable expense and administration for two schools, with two head teachers

critical of the “high-handed” way this had been communicated to them, and the subsequent confusion and barriers for children and parents using The Place2Be service.

One participant reflected on the importance of the school project manager in developing a relationship with school governors, as they were critical in making the decision to retain the project, on an annual basis, relating to the financial stability of the school budget. A recent attendance at a “Being is Believing” showcase of The Place2Be had made a profound impression on an influential governor, who now had a positive understanding of the work of The Place2Be mental health service, in her school.

One participant reflected on how important it can be for head teachers and school staff to realise the impact of the clinical work for the child and the class teacher, since children's behaviour often deteriorated or became more “extreme”, initially, after they had attended their one-to-one sessions. One head teacher had cause to allow a particularly distressed boy to have fifteen minutes in his office, each time the boy left his session, in order for the child's emotional vulnerability to be processed, before returning to the class.

4.9 Category Eight

4.9.1 Impact on school staff

The impact on school staff had been considerable, in all the schools, with participants reflecting on how they, and their school staff, had become more nurturing of the children, and emotionally aware, as the impact of the school-based mental health service had helped change the culture towards children and children's emotional and mental well-being. Head teachers reflected that The Place2Be saved them a considerable amount of time, because they could refer troubled children and parents, directly, to an accessible school project manager. The impact on staff morale had been profound; with the different clinical perspectives of The Place2Be meeting the needs of the school, to improve educational attainment for the child, which one participant noted was the “bottom line”. The calibre of dialogue about

the children's needs was enhanced, with the need to understand children's behaviour, and how this is a reflection of their situation, at home and in school. Despite head teachers' legitimate anxieties about continuing to fund their financial contribution towards the retention of The Place2Be service, participants described the loss of the service as “devastating” or “unthinkable”. Inset trainings and clinical presentations by the school project manager had had a positive impact on teachers and learning support assistants alike, who appreciated how The Place2Be could support and inform their objectives, in supporting and understanding the needs of their most complex and troubled pupils. “My teachers can now teach” was a reflection by several head teachers, who also reflected on the impact of the service, in helping them develop an emotionally literate and calmer school.

4. 10 Category Nine

4.10.1 Reflection on the systemic model

All participants valued the systemic model of The Place2Be, with children accessing mental health, at the different levels of The Place2Talk, and the short- and long-term counselling. They felt that the embedded school service of The Place2Be enabled children and parents access for “highly complex” and “hard to reach” children, since no barriers existed, because the service was a “natural” part of the school service. Although one-to-one support in The Place2Be for parents was valued, it was recognised that there was often a slow start to all sessions being used by parents, as parents will often feel overwhelmed by their emotional and psychological feelings, when the work began, and several had disengaged from the work. Several participants reflected that all schools should have The Place2Be, with complex children needing to be tracked and supported, during the critical years of year seven, to avoid the permanent exclusion of these children.

4.10.2 Question from head teacher interview: What is your view of The Place2Be systemic model?

Participant: “My TAs don’t have the skills or time to work with such troubled children. The Place2Be provides regular consistent support which is missing from

their lives. The Place2Be school project manager is not seen as an outsider, but is seen as a member of the school staff. It makes my staff aware of the importance of children's mental health and the importance of well-being. It is brilliant value for money. There are saving in terms of children being excluded or going to a PRU. The cost of exclusion is vast – I think about £64,000, per child. We are an inclusive school and the support outside school isn't good enough. We need an in-house solution like The Place2Be. You need to be in a good place mentally to be able to succeed in education.”

All participants reflected on the wish to have a larger model of service delivery, since the average service model was two and a half days to three days a week. However, head teachers recognised that a four or five day model would be unaffordable and unsustainable, in the face of uncertain budgets and an economy in recession. One participant described his school as a “pressure cooker”, with The Place2Be as a metaphorical “valve”, which enabled tensions in the children to be understood and resolved.

All participants noted that the systemic model worked, and reflected on the value of the advice and support through The Place2Think dialogue, between the school project manager and school staff. However, if the service became unaffordable, and the systemic model too expensive to fund, several participants would choose to retain The Place2Talk lunchtime drop-in and the one-to-one counselling, which was at the core of the value that head teachers felt about having an in-school mental health service.

4.11 Conclusions

It became clear, through the interviews and the dialogue with the head teachers, that the personal and relational skills and aptitude of the school project manager were critical to the perceived success of the partnership. School project managers who were “remote” or who could not adapt their “clinical language” to the varied audience of parents, head teachers, SENCO, teachers and learning support assistants, etc., were tolerated, but not valued as much as managers who understood the need for “joined up” thinking and dialogue, in the context of the school. For any

school-based mental health initiative, presence and attunement to the needs of each school were significant. Indeed, “presence”, whether at drop-off or pick-up time for children and parents, or a professional presence and input, in multi-agency meetings or inclusion meetings, was critical to reaching the hardest to reach parents and children, and to gaining respect by the head teacher and teaching staff.

Recruitment, induction training and supervision of school-based clinicians should take account of the recognition of these potential barriers to supporting children, and seek to ameliorate the impact through consultation, dialogue and a partnership, based on the converging intent to support the children's emotional and mental health and well-being.

Following my write-up of the head teachers' interviews, I sent all six head teachers my draft and asked for their comments and perspectives. The aim was to verify the accuracy and tone of the account from the participants, and to be open to challenge and disagreement or validation.

All six participants responded by e-mail and telephone.

All agreed that the paper was interesting, with comments ranging from “well-balanced” to “really resonant with my experience as a head teacher”. One head teacher stressed the importance of “tracking” vulnerable children, through transition to secondary school, as he had learned that one of the children I had referred to, in the paper, who had been helped and supported by The Place2Be, and who had been excluded by his secondary school, was now in prison, which he felt demonstrated the significance of therapeutic support and “joined up services”. One head teacher felt the paper reinforced the importance of accessible mental health support for children and commented that “...it is rare to read a document which reflects my daily reality”.

All participants commented positively on the amalgamation of the importance of relationship-building with school staff and the school community, and the importance of having a good school project manager who was truly integrated into the school system and who was able to relate to parents, learning support assistants,

teachers, governors, children and senior leadership, in a school. The “personality” of the school project manager was deemed to be “critical”, and one head teachers felt “lucky that I have such a good school project manager and I have not been disappointed like some of the other head teachers in your paper” (head teacher, email).

One head teacher informed me that she had been directly inspired by the paper, to start tracking educational attainment of The Place2Be children, because one head teacher in the paper had compared attainment sub-levels in literacy and maths for children in long-term therapy.

I include a written quotation from one head teacher, sent to me via e-mail:

“I would also stress that I believe the success of a project is based on developing a positive working relationship between the school community and the SPM. Regular meetings with key staff, (especially head and SENCO), attending staff meetings, planning with teachers and teaching assistants, all help with establishing mutual respect and support, resulting in Place2Be being embedded within the school whilst also keeping that independence which is so important in gaining the trust of children and parents.”

(Participant head teacher by email)

My reflexive response to the interviews was one of feeling the pressures on head teachers, of finding the time for the one hour interviews. In three interviews, I was kept waiting by the head teacher, in two cases, as the head teachers had serious child protection cases which took priority. In the third interview, the head teacher had to leave half way through, because a physical conflict between two students required his practical support of a classroom teacher. We were able to convene one hour later and complete the interview. My sense of many of the inner city schools was that of “pressure cookers”, where head teachers and their staff have the challenging task of managing government and local authority targets; attending to volatile dynamics between children; and supporting parents, where the pressures of poverty, deprivation and domestic violence place a heavy psychological burden on head

teachers, who are more often trusted by parents, rather than social services, where the threshold for support is under increasing pressure.

I interviewed one head teacher, in a school off the Old Kent Road, and walked through the estate to reach the primary school. The walkways and stairwells were littered with debris, rubbish bags spilling contents, used nappies and used syringes and needles, as the stairwells are often used as “shooting galleries” by heroin users. The squalor and oppressive atmosphere can hardly be described, and I felt a rising anger at the conditions which so many children and families are expected to accept. As a former community worker in the area, fifteen years ago, I was aware of the infestation of cockroaches and pharaoh ants, in the majority of flats on the estate, and how intimidating the area can appear, at night. If Disraeli described Victorian Britain, as “two nations” of rich and poor, one hundred years later, there are certainly “two cities”, in London, dividing the rich and poor citizens and their children.

I feel that the interviews with the head teachers gave a “voice” to the realities and the pressures of living in deprived parts of inner city London. I hope this chapter has given credence to the importance of supporting school staff and children, with services which can help them engage with education, and support their emotional and psychological resilience, to survive their context.

Chapter 5: THE CO-OPERATIVE INQUIRY GROUP

“This Tardis travels, taking you to places you never believed or realised could exist, as you explore this world called research. It also travels in time, backwards as you reflect on your journey to this point, and forwards as you make plans and work towards the heart of this research, the thesis. You meet monsters that scare you to death, but somehow you learn to defeat or challenge them, and use what they can teach you. But you also have companions to travel alongside on this journey.”

(Anita Silvester, 2009)

- **Rationale for Co-operative Inquiry in Research Design**
- **Reflexivity as a key Concept for Ethical Research: Subjective Truth and Emotional Value**
- **My Role as Facilitator**
- **Contributions from Co-operative Inquiry Group to Interviews**
- **Critique and Challenges to the Implications and Findings of the Research Journey**
- **Reflexivity and my Emotional Response**

The co-operative inquiry group for part two of the doctorate, established in September 2008, was comprised of ten experienced school project managers, a parent worker, and a hub manager. I had sent the twelve members of the group, a paper explaining the principle of a co-operative inquiry group (Heron, 1971, 1996; Reason, 1994): (Appendix ix) and a consent letter: (Appendix x). The one and a half hour meeting was taped and later transcribed, although all participants were offered confidentiality and anonymity for their contribution.

I started the meeting by introducing to the group my motivation for undertaking the practitioner doctorate:

- to reflect the qualitative experience of the impact of school-based mental health in primary schools in the inner city;

- to reflect the skills required and the methods, to provide mental health interventions and emotional well-being to “hard to reach” children and their parents;
- to promote The Place2Be as an exemplar of the systemic, school-based mental health model;
- to draw on the experience of key stakeholders, such as children, parents, head teachers and therapists, into the efficacy and issues, in the provision of school-based mental health;
- to honour the value of subjective truths, in the face of increasing demand for evidence-based practice and “objective” measures of impact on children's emotional and mental health; and
- to attempt to bring an ethical regard for all participants, and research integrity to the doctoral products of this research.

I then explained my role to the group, to attempt to facilitate a learning environment, and to draw on the considerable skills, experience and insights of the group.

I reflected on my intention to conduct research **with** people, rather than **on them**, and reflected on the journey of some doctoral researchers who may choose to draw on the experience of the participants, without checking the accuracy of the account, and not “giving back”, to further the development and insight for participants. This is particularly critical in my approach to the two case studies, which will involve children and parents, and where I will need to be alert to the sensitivity and ethical issues of the child and parent co-operation, in this phase of the research. The co-operative inquiry group was emphatic that involving children in the doctoral research was essential in “bringing the work alive” and demonstrating how a school-based mental health service can support children with complex circumstances and family dynamics. I reflected on Goleman’s work (1995) on emotional intelligence, which suggests that effective choice is reflected in emotional values, and my wish to reflect this in my account, and products.

Finally, I discussed my hope that reflexivity could be a core experience of the co-operative inquiry group, with reciprocal participative knowing, mutual participative awareness, and that the content and method of my research could be reflected upon, in our meetings. Reason (1994) claims that, in traditional research, methods are given priority, and the subjects of the research are subordinated to the research goal, or the needs of the research. Reason emphasises critical subjectivity, to the co-creation or negotiation of meaning, and emphasises the relational framework to ethical research. We need to acknowledge the particular and unique. Reason believes that we can only do research with persons, if we engage with them as a person, as co-subjects and, thus, as co-researchers (Reason, 1994).

“The context in which the researcher and participants operate, to allow the possibility of deep engagement, participation and commitment to the moment, and their self-awareness through the possibility of “standing back.”

(Reason, 1994 p.45)

I stated that my intentions were to check the research participants’ account with themselves, by sending them the products of my writing, and that I recognised that this might be a challenge in the work involving the parent and child, since the parent and child could withdraw consent or participation, at any time.

I requested the help of the participants, initially, in reflecting upon the following issues.

- how to structure interviews with head teachers and questions, on topics of inquiry in this phase;
- identifying “hard to reach” children for case study research, in spring and summer 2011, with a random selection within the group of two referrals from a potential of twelve, (each participant to refer one child and we would pick the name out of a hat, subject to parental and child consent, with a waiting list of children, in the event of negative consent);

- the commitment from the whole group to emotional honesty and experiential inquiry, based on critical subjectivity and collaboration;
- in the first reflective phase of the group, we would reflect on the experience of being a school-based therapist, and I would draw on my previous research account and interviews with six Southwark school project managers.

My role in the group was to facilitate questions, ideas and propositions about the inquiry and focus of the research. I would endeavour to facilitate process and content of enquiry by: taping all the meetings and analysing the content; reflecting on the psychological process; writing up the account; and presenting to the group by e-mail, in advance, on subsequent co-operative inquiry group meetings, within the next six months. I would, also, record any discrepancies or disagreements in my written account, and hope to facilitate mutual growth, participation and skills for participants of the group, rooted in subjective emotional awareness and feedback.

Following the establishment of the group contract and time for questions, we reflected, first, on the grounded theory method of interviews for school project managers and head teachers. I explained the principles and practice of grounded theory, with the intent to draw the theory from the data, following saturation, and my own idiosyncratic use of large notepaper and post-it notes.

There was a long discussion regarding the motivation of the school project manager, in the challenging inner-city school. The group reflected on the creativity inherent in their role as school project managers, and the satisfaction in observing discernible shifts in behaviour and conduct with children who are in complex and challenging situations, at home and in school.

There was a reflection on the value of listening and attending to children, and how children would often “mob” the school project manager, for a Place2Talk appointment. Within this experience, some participants reflected on the persistence of the “hard to reach” child who needed an adult to listen and attend to their emotional needs, particularly in areas of high or low threshold child protection, where “to be heard” was highly valued and needed by children. One participant

reflected on how the children learn to use the time- and solution- focused approach, well, and that this is a skill they need, as well as educational attainment and good SATS results. The capacity to provide psychological services to promote emotional resilience was discussed, with the children having access and a route to a safe and trusted individual.

I was challenged by one individual who felt that I needed to be careful not to create a “heroic image” of a beleaguered clinician, in the inner city school, and there was a reflection by the group on the emotional and psychological depletion and the potential for “burnout” and disillusionment. This individual member reflected on how she felt she had lost motivation and was demoralised by the constant demands and workload. This led to a group response that the increasing demands on head teachers by The Place2Be core hub, the research and evaluation team and funders, was overwhelming, and threatening burnout and emotional exhaustion. It was clear that The Place2Be investment in supervision and the training opportunities were key factors in why some participants chose to work for the charity, and how this supported their retention in their posts.

I reflected how rich and energetic I was finding the discussion and referred back to one participant’s experience of my first paper as “dry and boring”, and how I wish to provide research which heard and reflected all the “voices” in the system of school-based mental health.

There was a sombre mood in the group, at this point, and we reflected on how the work is not about the “flowers and butterflies”; but, rather, the bleak situation of many of the children and school staff, struggling to manage their anxieties, and the complex behaviour of the children in their class.

One participant reflected, in a very moving account, of how privileged she felt to be a vehicle for the “voice” of the child, and how this was respected and valued, within the school system. Despite the difficulties and strain of the work in schools, participants reflected on the “possibility” of basing a mental health service in a school. There was consciousness that therapy is often inaccessible, and that there are always class, language and judgement issues, in school, and in working

therapeutically with children, particularly when parents disclose abusive behaviour, or negative attitudes towards their children. Other participants reflected on the need to be “real”, in order to have “real” dialogue about the children, with teachers and parents, rather than have a “professional” image and manner of approaching behaviour challenges, in the children. Dialogue, partnership and shared goals were deemed to be crucial to achieving success in working in a school.

One challenging issue which emerged in the group was the “thin line” between a Place2Think, as a therapeutic consultancy for teachers, and the often expressed request for personal therapy and support.

The group had many ideas for, and questions about, the forthcoming head teacher interviews with a particular emphasis on asking challenging questions and finding out what was disappointing or difficult for head teachers. One participant reflected that a resignation from a school by the head teacher meant the ending of the partnership, and that with a new head teacher one had to “start again”, with an exploration and demonstration of the value of the school-based mental health project.

Finally, there was a consideration of the opportunities and threats that exist in the external world, in the light of a difficult economy and threats to funding. Participants stressed the importance of a therapeutic culture, which can only be co-created by a consistent two- or three-day model in the schools, and the importance of thinking and processing. There was an expression of anxiety about the single counsellor model, adapted by some schools, which could lead to the erosion of the systemic approach, in a school, as the single counsellor would be “flooded” by acting out children, with severe behavioural problems, with little chance for reflection and process.

I was challenged by the group to “bring the work alive”, in my dissertation, and to reflect on the impossible task of reaching all children, in a school, who have complex needs.

I arranged the second co-operative inquiry group for early February 2011 and, two weeks before, sent the group the paper I had written, following the head teacher interviews which had been undertaken, in November and December 2010. The focus of this co-operative inquiry group was to:

- reflect on, and critique the head teacher interviews and implications for the group as school project managers;
- consider the implications for The Place2Be;
- consider the implications for clinical practice; and
- refer names of children who are “hard to reach”, to enable me to approach the head teacher parent and child, to request involvement in a case study.

Despite the absence of three members, due to sickness, the atmosphere of the group was relaxed, engaging and there was a great deal of laughter and humorous banter. I suspect this is also a reflection of my increased confidence and competence, in this stage of the research, and the confidence of the group in reflective practice.

One member expressed the view that the head teachers I had interviewed were remarkably open and psychologically minded, in considering the therapeutic service in their schools, but this was possibly a reflection of their investment, and the average timeframe of ten years of experience of The Place2Be. However, there was reflection that my role as an “inside” researcher may have elicited a more positive response from the head teachers, and that it would be interesting to interview head teachers who had withdrawn from The Place2Be, or who were ambivalent or critical of the service. However, it was understood that this could be a separate quality assurance analysis, undertaken by the research and evaluation team, at the core hub. Another participant was concerned by the response of one head teacher who reported drug use by parents and the prevalence of drug dealing, on the estate, and whether the school could be identified. However, other members were supportive of the need to reflect the truth and the complexity of reality and risk factors of the children in The Place2Be schools, and it was acknowledged that the head teacher and school could not, and should not, be identified.

The dynamics of control, in the context of the therapeutic service, in a primary school, emerged from the intrigue of some participants, with reference to the criticism of former school project managers who were tolerated, but not valued, due to their remoteness and lack of engagement with school staff. One participant commented that an honest appraisal of The Place2Be would be useful, on an annual basis, and suggested the use of an anonymous questionnaire sent to all staff, to elicit the understanding and value of The Place2Be service. There was a discussion about the need “to tailor” the relationship between the therapeutic service and the school, because, in the experience of the group, some head teachers did not wish for a close engagement with the school project manager, but rather wished the service to function, autonomously, and “take care” of the most vulnerable and needy children. The presence of The Place2Be could enable some head teachers to “forget” or “bracket” the most vulnerable children, as they were receiving the therapeutic attention from Place2Be therapists. It was understood that head teachers had to manage a complex role, and that managing behaviour, educational attainment measured by SATS and managing anxiety in relation to OFSTED inspections, were a considerable burden.

One participant noted that criticism of The Place2Be managers, related to “past managers”, who had left the organisation and it might be inhibiting to criticise the “current” school project manager. Participants felt that it might be easier to criticise the organisation, or central core hub of support services in the organisation, rather than the direct service delivered, in the school. There was a reflection that some head teachers found the complexity of the partnership between The Place2Be and the school “difficult”, since they did not line manage the therapists, or clinically supervise the work, and that decisions made by The Place2Be could often take place, without consultation, such as the change of the consent letter for The Place2Talk, referred to earlier in this paper.

The issues around information sharing and relational warmth and alliance was understood by the group, with reference to a rigid adherence to clinical confidentiality, which had been a dilemma, in the early days of The Place2Be, twelve years ago. There was a discussion relating to the ambivalence of consent and engagement, from some ethnic groups, in the inner city, and the fifty-two refusals

for clinical consent from the entire Somali population of one school, in Wandsworth. Further reflexivity elicited the view that the anxiety about a child's risk factors and vulnerability could lead to an expectation that The Place2Be should offer an immediate clinical intervention, rather than containing the anxiety and thinking together, in partnership, about the child. "Thinking", rather than just "doing" was seen to be as valuable, and more effective with some children and families. "Lots of our families are constantly in crisis" was a comment which provoked recognition and familiarity, in the context of inner-city schools. The need to be reflective and adaptive was reflected upon by the group, and the practical issues, such as housing and debt, sometimes needed to be resolved, before a therapeutic intervention could be offered. The mobility of inner-city children and their families was also a complex issue for members of the group, which could result in unsatisfactory and sudden endings, which members felt could invalidate, or undermine, the therapeutic gains made by the child.

The paper revealed the school to be a complex organisation. Moreover, the group felt that The Place2Be service needed to be adaptable to each school, and that this needed to be reflected in induction of paid staff and volunteers.

The group was not surprised that head teachers who had been interviewed valued the immediacy of the responsiveness of their school project managers, since participants felt this was a key aspect of the partnership and therapeutic alliance with teachers and head teachers. Participants knew that responsiveness was an important part of their value, as head teachers had so often had negative and unhelpful responses by external therapeutic agents. However, the pressure of "miraculous" and "magical expectations" could be a challenge for school-based clinicians. One participant reflected that, after a parent had suddenly died, and the teacher and head teacher were meeting with her, they asked seriously, "how can you make it better for the child"? This revealed the high and unrealistic expectations which could, occasionally, be projected onto the school project managers.

Head teachers valued the willingness of the school project managers to work with complex tier three children, because they had experienced the "revolving door" of attempting to refer children to an external service, such as CAMHS, only to be

informed that the threshold of the child's psychological needs did not meet the service threshold, or having to wait on a waiting list, which could be demoralising for the school, parent and child.

There was reflection on the “trust” referred to in the paper, with acknowledgement that many head teachers did not know what happened, in the clinical space, but trusted and respected the process, since they could observe the positive impact of the clinical intervention on their pupils over time. There was recognition of a recent school which had The Place2Be for only six months, before an exit was negotiated, because the head teacher could not develop the trust to accept the clinical expertise of the therapeutic manager, and could not tolerate the “independence”, and the need for the relative clinical autonomy of the service. Another participant from a Place2Be faith school discussed the ambivalence of members of the teaching staff who did not necessarily trust the clinical independence of the school-based mental health service and, where there can be an antipathy to children with challenging behaviour receiving therapeutic work, which can be seen as a “prize for bad children”. Further to this, it was acknowledged that teachers can be disturbed by children who are not immediately “cured” by therapeutic work, but who become upset, or whose equilibrium is disturbed by play and art therapy. There was recognition, in the group, that school-based mental health practitioners needed to be “transparent” about the process and the phenomenon of children's behaviour deteriorating, or “getting worse”, as therapy begins, and memories and conflicts are played out, in the work.

The discussion of the relational warmth and engagement, which emerged in the head teacher interviews, led the group to suggest that this may have implications for recruitment and induction of new school-based therapeutic practitioners. Also, The Place2Be school project managers needed to service the multiple needs of The Place2Be, the head teacher and the school community. For example, the need to “track” the impact of attainment, against the provision of a therapeutic intervention, was understood and supported by the group; however, there was recognition that the value of relationships and presence cannot usually be measured.

There was interest and understanding of the head teachers' wish for a larger model which could cover four or five days, rather than the typical two and a half day therapeutic model, but that not working Mondays was a relief to participants, as they were able to avoid the "vortex" of managing the crisis of "Monday", when children could be exceptionally disturbed by a weekend of chaos and difficulties, relating to their family context.

In the latter stages of the group, I requested that the group helped me to think about the referrals of children for the case study. I produced a battered old hat and the group placed names of children on slips of paper; seven names were selected, in rotation, with an understanding that, if consent was refused for the first two named children, I would move to child three and four, etc., until I could begin to formulate the child case studies. I undertook to liaise sensitively with the referring school project manager, in the schools, because anxiety was expressed that I should not engage with the children for interviews, until the completion of their Place2Be therapy. I was challenged by the group, because I stated that I intended to offer the case studies to the parents, for comment and ethical sharing of ideas, to support the child. Some members of the group felt this might compromise my ability to reveal and write about the truth of the child's situation. I acknowledged this, but felt there were greater gains by involving the parent or carer of the child, and that parental sensitivities needed to be respected and reflected, in the final case study. I would also wish to have some contact with the child's therapist, and consider the assessment information and background of the children referred for the case study. I stated that the purpose of the case study was to leave everybody "intact", at the end of the process, and that the interviews would be taped and conducted in The Place2Be therapy room. I would return to the group with material relating to the case studies and, again, ask for reflections on the clinical aspects of the case.

My own reflection, after I had listened to the tape of the group, was that I was struggling with the return to "feeling" the work, and the uncomfortable recognition of my own situation and childhood experience of physical and emotional abuse. At this stage of the doctorate, I am feeling raw and exposed, and feeling flooded with my own experience as a child, which has been provoked by the co-operative inquiry group, and the emotional honesty and the engagement of the members and myself.

Later, the following week, I visited the Tate Britain museum, where there was an exhibition of the work of the artist, Susan Hiller. Hiller's work juxtaposes knowledge derived from anthropology, psychoanalysis and other scientific disciplines, with materials generally considered unimportant, such as postcards, wallpaper, popular films and internet postings, balancing the familiar and the unexplained, and inviting the viewer to participate in the creation of meaning. She has collected objects, images and sounds, in order to create new contexts, incorporating traces of memory, personal associations which relate to the repressed, forgotten or unknown. Her practice often incorporates subconscious processes, such as dreaming, reverie, automatic writing, as well as improvised vocalisations and drama. Her use of alternative media can be provocative and disturbing and, in one room of the Tate, there was an installation, on four large walls, of a Punch and Judy show, with a sound track of a show with the puppets, entitled *An Entertainment* (1990).

This multi-media installation was clearly intended to immerse the viewer in the work, and emphasise the horror and violence of a popular children's entertainment. The confrontations between good and evil, murder and primitive aggression, in the context of the weird reverie of a children's entertainment, flooded me with memory, horror and distress, and I had to leave the room, and recover, outside the gallery.

Processing the experience, I feel the interviews with participants, the raw honesty of the co-operative inquiry group, and associations with my own childhood, are providing an emerging sensitivity to the doctoral work, which is uncomfortable and profoundly challenging. I reflected whether the impact of the doctorate might entail me having to go back to personal therapy, to re-examine my childhood experiences, at home and in school, and the scars and wounds I had assumed had healed or closed.

Heron (1998) refers to the empathy, harmonic resonance and receptivity which are present in the co-operative inquiry group, and I feel the identification and attunement with the group has touched upon my childhood experience and human sensibility, which I have repressed, for many years, due to the demands of a

challenging work role, and my own survival mechanism. I shall need to ensure that the wounded helper in me is acknowledged and supported.

Reason (1994) makes reference to this emotional identification and openness, as the “touch stone of the inquiry method” (Reason, 1994 p.43). This phase of the group involves experiential knowing, such that superficial understandings are elaborated and developed through immersion and creative insights. He makes reference to critical subjectivity and the resonance with being, whereby we can experience presences in our world, by attunement, resonance and empathy, in direct acquaintance and encounter.

The emotional honesty of the group, and the resonance with the experience of children, returns myself and the group to the conscious use of imagination and memory, in co-operative inquiry.

Chapter 6: CHILD CASE STUDIES

“...child analysis of whatever school is built around the child’s playing”

“... it is play that is universal and belongs to health”.

(Winnicott, 1971, pp. 39-41)

- **Rationale for Qualitative Case Studies and Design of Case Studies**
- **Ethical Concerns for Child and Parent Participants**
- **Two Case Studies: “Lennox” and “Lucy”**
- **Submission of Case Studies to Parents and Therapists for their Reflection and Critique**
- **My Reflexivity as an “Inside” Researcher**
- **Children’s Art Work**

Within the field of counselling and psychotherapy, the case study is a flexible method of inquiry that can offer a form of **narrative knowing**, a way of representing the complexity of the therapeutic experience, from different perspectives of client, therapist and other “stakeholders”, and for understanding practical and experiential expertise, which may be revealed by the case study method.

I intend to focus on how effective therapy has been for the child, and on the different perspectives and “voices” of the child, therapist and parent. “Narrative knowing” will be an attempt to present the subjective “truths” of the participants, in an engaging manner, and render the story and the therapeutic journey of the child, therapist and parent.

The two child case studies, in this chapter, fall within the qualitative research tradition of narrative enquiry (McLeod, 2010; Yin, 2003).

I will attempt to focus on four sets of questions, through my analysis of the case material, which was gathered following interviews with school project managers and child therapists, parents of the child, and the child client.

6.1 Questions

6.1.1 Outcome Questions:

- How effective has therapy been for the child and what changes may be observed or attributed to the therapeutic intervention?

6.1.2 Theory Questions:

- What was the process of therapy, and what theoretical understanding can be gleaned from the case studies?

6.1.3 Pragmatic Questions:

- Why was the child referred, and what risk and resilience factors were present in the assessment? What methods did the counsellor use in the intervention that contributed to the eventual outcome, and how did the child experience their sessions?

6.1.4 Narrative Questions:

- What was it like for the child, parent and counsellor, in this case?
- What is the story of what happened, from the child, parent and counsellor point of view?

Case studies are generally used for three purposes: descriptive, exploratory and explanatory research.

(Yin, 2003 p.3)

As a researcher, I positioned myself in a “not knowing” and “curious” position, in order to elicit meaning and experience from the participants, which is influenced by both existential psychotherapy with children (Scazlo, 2010); and narrative case study research (McLeod, 2010). Narrative research seeks out how people make the

meaning of their experiences, and recognises that meanings are multiple, and context dependent.

At the heart of case study research is an abiding interest in the process of change, which occurs in therapy. The aim of a narrative case study is to “tell the story” of the experience of therapy and to expose the “meaning” of therapy, for the participants. In this case, this is the triangulated experience and meanings of child, parent and therapist.

“...one of the key principles of a good quality systemic case study, is that it draws on multiple sources of information about the client, the therapist and the process and outcome of therapy.”

(McLeod, 2010 p.79)

It must be acknowledged that sensitivity to the relative lack of power and choice of children is held in mind. For children in The Place2Be, the choice to attend therapy is rarely their own, and they are often not aware of why they have been referred, or what the focus may be, or the process of play therapy, or counselling goals. Working therapeutically with children, in primary schools, is to be aware of the multiplicity of perspectives on the child's strengths, difficulties, and conflicting needs and outcomes, which are usually apparent in the clinical assessment (Geldard & Geldard, 1997; Scalzo, 2010).

As an “inside” researcher, it is important to own my own reflexivity, in these competing perspectives, as well as my debt and obligation to the contributors of these case studies: the children, parents and therapists, in The Place2Be schools.

“Ethics is always about fair and honest dealings.”

(Kellehear, 1993)

The two children were referred by members of the co-operative inquiry group, and were the first two names which were picked out of a hat, from the seven children referred for case study. The ethical consent was sought from head teachers, in the schools (Appendix xi), in South East London, together with my enhanced CRB

clearance (Appendix xii), where The Place2Be was based, and from the parents and children whom I shall refer to as “Lennox” and “Lucy”.

These are not their real names and I have not identified the geographical location of their schools, so as to protect their identity. They are both from inner city schools, in South London, where The Place2Be works in a total of forty-eight primary and secondary schools.

As McLeod suggests: “Case studies involve a higher degree of moral risk than other research methodologies” (McLeod, 2010 p.54).

Ethical practice must safe guard the right to anonymity for research participants, in line with the five moral principles, which are the BACP moral and ethical guidelines: autonomy, non-maleficence, beneficence, justice, and fidelity.

I believe my interviews with the two children, two parents and two therapists have managed to disguise information which could identify them; I have also deleted information which may be particularly sensitive and, thus, avoid harm or intrusion.

Interviews were conducted in The Place2Be therapy room, or in the school project manager's office, and were focused interviews, which lasted one hour, and which were recorded and, later, transcribed. A list of questions was formulated, in advance of the sessions with the children, and they were invited to make use of the play and art materials, in the room.

Interviews were conducted with the father of Lennox, and the mother of Lucy, and the two school project managers, in the respective schools; each lasted approximately one hour. They were each given a participation information sheet for parents (Appendix xiii). A consent letter was signed by each parent (Appendix xiv). In the case of Lennox, the therapist had left the organisation, but I was given a written copy of her account of the case, and the interview with the school project manager was very detailed and useful, as she had known the child for several years. I was fortunate to be able to interview the therapist who had worked with Lucy, and make use of her considerable written assessment information, kept in the child's files at school. Ethical research is both time-consuming and complex, and because

the case studies involved two children and their parents, I wish to reflect my “honest dealings” through transparency and reciprocity. As with the head teacher interviews, the therapists and parents interviewed will be sent an account of the case studies, and their reactions and feelings will be sought and incorporated into the final product. Further to this, the co-operative inquiry group will also be requested to comment on the case studies, and I shall ask for their views on my duty of care to the children and parents.

6.2 Lennox

Lennox is an Afro-Caribbean boy who was referred to The Place2Be by his class teacher, and other professionals who were concerned about his behaviour and conduct, in the school. Lennox was a year four child, when he was first referred to The Place2Be, but because his counsellor had left, in the summer term, he was referred, again, in year five, and was offered a year of one-to-one counselling. He is currently in year six, and has just completed a group therapy intervention with six children, to help him with socialisation and learning to share with other children.

The issues of concern in the teaching referral for one-to-one counselling ranged from:

- the lack of focus in his academic work;
- his “washed out” appearance and his “attention seeking” from adults in the school; to
- the fact that he was constantly late for lessons.

A second teaching referral, in 2009, referred to his:

- poor concentration in school;
 - his poor group skills;
 - his need to be “in control”;
 - his “defensive attitude”, and “failure to take responsibility for his actions”;
- and

- his low self-esteem.

Both teachers' behaviour rating scales indicated that they were "very concerned" about Lennox.

Each Place2Be child is initially assessed through a "rating scale", where a teacher lists concerns and targets, and a Goodman strengths and difficulties questionnaire where the teacher, parent and child is requested to complete a widely used screening and assessment questionnaire pre- and post- a clinical intervention. The SDQ consists of twenty-five statement questions which are grouped into five psychological attributes, four of which represent negative aspects of the child's behaviour (the difficulties scale). The fifth scale represents the child's strengths, e.g. the child's pro-social, and positive behavioural qualities.

The four sub-scales representing difficulties are:

- emotional symptoms scale;
- conduct problems scale;
- hyperactivity scale; and
- peer relationship problems.

The pre-intervention scores are compared to the post-intervention scores, to see whether there is any measure of change, and whether the child in the impact supplement is in the normal, borderline, or abnormal categories of overall distress, or social impairment. In the case of Lennox, the total teacher and child scores were, respectively, 20 and 22, placing him within the "abnormal" category, and suggesting considerable distress and chronicity. The parent score of 16 placed Lennox within the "borderline" category of distress. An example of a positive effect of an intervention on a child would show their total difficulty score reducing, and their clinical category moving towards the normal category. However, despite the Goodman SDQ questionnaire being a highly regarded "objective" assessment tool employed by The Place2Be and CAMHS, to measure clinical effectiveness, the complexity and quality of the inter-subjectivity in the child's case is absent and

cannot be understood. I will attempt to render the child's situation and bring "alive" the story of the child and the complex reality of the intervention.

The abnormal scores attributed to Lennox can be understood in the situation in his home life, when he was referred. Lennox is the eldest child of six children. He has four sisters and a baby brother, and his mother has been continuously pregnant, since the children are all under eight years of age. His mother is separated from Lennox's natural father, and is in a second partnership with the father of four of the children. There is Social Services' involvement, due to domestic violence and abuse, within the partnership; all of the children, including Lennox, have been subject to a child protection plan. There has been considerable concern, due to the presence of alcohol and substance misuse by both the mother and stepfather. Also, as a result of debt and non-payment of rent, the family had been evicted from their social housing and were all in temporary accommodation, which was overcrowded. Lennox was sent to live with his grandmother, but the presence of a cousin with ADHD living in a household led to conflict, and grandmother was also using drugs and alcohol, and was a drug dealer to the local community. His father was in regular contact with Lennox, and within a second marriage, and described the mother of Lennox as loving Lennox, but being "incapable" of parenting him. Indeed, Lennox would often be absent from school, due to having no clean clothes, or the need to be a carer to his younger siblings. Since both the mother and stepfather would be using drugs and alcohol, Lennox was expected to feed and change his baby brother, go to the shops for their food, cook meals and put his siblings to bed. The perception of his teacher and school project manager was that Lennox was a "lost" child, with no secure base, and with pervasive neglect and chaos in his home life. He was aggressive to other children, "needy" and "clingy" to adults, and was in frequent fights and detention, due to his conduct and behaviour. Although academically bright and intelligent, he was so preoccupied by his home life and his role as a carer for his baby brother and four sisters that he could not engage with his school work, and had poor concentration and impulsivity. He also had the challenge of catching two buses, on his own, for a journey to school which would take one hour.

Music (2010) writes of the maltreated, neglected child:

“...children have less capacity for empathy, do not comfort other children in distress, initiate less contact and are less popular... developmental research has shown that the trajectory for the neglected child can be much worse than for those who suffer overt trauma, but these children can stir up too little worry in us.”

(Music, CCYP, 2010 p.27)

Following written consent from the mother of Lennox and the completion of the assessment process, a clinical formulation and goal was established. The goals of the therapeutic work with Lennox were to offer him:

- a secure attachment;
- structure;
- consistency; and
- containment.

Although the therapist experienced Lennox as a seemingly self-reliant child who attempted to control the play, games and artwork in the room, it became apparent that adults represented figures of inconsistency and unreliability to Lennox. “It appeared that the only person Lennox could trust and rely on, was himself” (Therapist case study notes).

Lennox had not had, what Bion (1962) termed, the experience of being “held in mind”.

Trust was difficult, at first, with Lennox trying to impress the therapist and needing to win every game they played together, and obliging the therapist to undertake the role of “observer” to his process, in the room. The therapist was aware of the anxiety for Lennox of the ending of their work, and the relationship, and need for the child to be “over-bearing and intrusive” in the attachment. The counter-transference emotions were very powerful, and feelings resulting from the “games” were evocative of things being unfair and unjust, and the presence of inevitable

failure. Lennox would often play with masks and make clay masks, to explore his identity. As he felt able to trust his therapist, his needy and vulnerable feelings were expressed through art work.

“He made a concoction of runny red paint and lumpy dark red glitter paint – he called this mixture the “blood”. He then used his fingers to write “HELP ME” with this “blood” mixture. He then covered his hands in the mixture and slapped them down on the page just under the plea for help.”

(Therapist case study notes)

The therapist felt very “raw” feelings, as Lennox described how he wanted this image to look like someone who had been severely injured, and needing help. The therapist felt that this injured, powerless and weak victim was a representation of how Lennox felt about himself, and his situation.

After a year of continuous therapy, the therapist felt a huge shift in the therapeutic relationship. Lennox no longer needed to impress his therapist, continually, but the relationship became genuine, with a sense of trust, understanding and acceptance. Lennox became more self-aware and able to consider his feelings, before acting on them, so he was no longer getting into fights or trouble with his teachers. He felt able to socialise with other children, rather than compete with and fight them, and he was able to achieve a clearer sense of identity, through communicating with art materials and play. The Place2Be had become a substitute home where, according to Lennox, he could “relax”, and did “not get stressed out” by other children.

6.2.1 Interview with father

The interview was held in The Place2Be school project manager’s office, for one hour.

Mr. C was well aware of the difficulties in Lennox’s home situation, with his ex-partner being constantly pregnant and “incapable” of being a parent to Lennox. However, he had always wanted to gain custody of his son. He described Lennox as

an “introvert”, as he socialised primarily with adults and avoided friendships with children, and as a child who would “not express his feelings”. He had been a “sad” child and “now he laughs and is coping with school”.

Mr. C had taken custody of Lennox, in September 2010, following the end of his second marriage with his partner, and was unhappy about his situation with his grandmother, since he had not known of the drug and alcohol issues, in the home. Mr. C was aware that it is “me and him now”, and valued school as a place of safety and stability for Lennox. Formerly, when he was living with mother and grandmother, school had not been valued, and there had been a lot of absence, due to the need for Lennox to be a carer to his siblings, and the lack of clean clothes. Mr. C described how he had separated from his wife, last year, and was now training to be a school learning mentor. In fact Mr. C had attended two Place2Be trainings on “emotional literacy” and “working with transitions for children”. Mr. C felt greatly helped by The Place2Be, and liked that the interventions were school-based, and provided a “stable place” for Lennox. The school project manager had often telephoned him, to offer him meetings, and to engage with the therapeutic goals for Lennox; he described this project manager as a “lovely person” who was always really supportive and empathic. Although he had always wanted custody of his son, it was the school project manager who had made him realise that Lennox had no stability, in his home life, and was experiencing “inner and outer” turmoil. Mr. C experienced the school project manager as supportive and non-judgemental. She helped give Mr. C a “kick up the bum” to give him the confidence to take responsibility and custody of Lennox. It was clear that the school and The Place2Be school project manager felt Mr. C to be the one stable and secure adult, in the child's life; the relationship with Lennox and The Place2Be was crucial in allowing him to accept help for Lennox and himself. With reference to The Place2Be: “I would hate to think what he would have been without it”. Mr. C felt the Place2Be gave Lennox a “sense of self”, in a safe place; it also gave him much needed “attention”. Mr. C remarked that Lennox was not so dependent on The Place2Be, but had formed a real attachment to Mr. C who felt acutely aware that “it is me and him”, now.

Although they were both living in temporary accommodation, he was attempting to be open about his feelings with Lennox and be emotionally available to his son,

“using the skills I learned from you guys”. He felt the school project manager had worked “with him every step of the way” and he was very happy with parenting Lennox, although he had felt lacking in confidence and overwhelmed about the responsibility of being a father, before he took custody of Lennox. Mr. C described the school project manager as giving him a “nudge”, and “gentle pushing”, to overcome his fear of taking Lennox, and how “there was no blame or pressure”. He had enrolled Lennox in a karate class, and was giving him his time to increase his self-worth. He described the “miraculous” change in Lennox, since he had come to live with him, and following his Place2Be intervention. He acknowledged Lennox was now getting on with his school work, whereas formerly he had been disengaged.

6.2.2 Interview with Lennox

The interview was held in The Place2Be room and the contract of the session was explained carefully to Lennox (Appendix xv). I explained how he would be able to stop or withdraw from the interview, at any time, and that he could use any of the materials in the room to express himself. Lennox signed the consent letter for the interview and helped himself to crayons, pens and paper, in the storage boxes.

I experienced Lennox as a highly intelligent and engaging boy, in The Place2Be room. I explained the contract for the session, carefully, and that I had been given permission by his dad to ask about his views and experience of The Place2Be. I asked him what it was like in his home, before he came to The Place2Be. He described looking after his siblings as “very frustrating”, because he had to help cook them breakfast and lunch, help prepare their bottles, and lay them down at night to try to get them to sleep, when he lived with his mum in the flat. “She couldn't have visitors”. Lennox talked a lot about his Place2Be counsellor, whom he liked because she was playful and would play games with him. She was not “bossy or mean”, and would play with him “properly”. Lennox described his frustration at being “crowded”, at home, with his siblings; he also described his class, at school. His Place2Be counsellor had helped a lot with his maths and spelling, by playing counting and spelling games with him. He informed me that he was now a level four in science, maths and literacy, and “before I came to Place2Be I got twos and

threes”. Lennox played maths games with marbles and the sand tray, (he and his counsellor would bury them, and then have to count them). As we talked, in the interview, he drew a picture of his counsellor and himself burying marbles in the sand tray (Figure 1). He felt that his counsellor “calmed him down” by talking and playing games with him, and he no longer got into trouble in the playground, and with his teacher. He knew that the school project manager talked to his dad to tell him “important things”, like “what makes me angry”, and then his dad came to the school and “dealt with it”. Although he had got used to The Place2Be “therapy group” he had been in, he preferred his one-to-one time with his counsellor, because he could do drawing. At this point, Lennox insisted that I be shown his drawings, and he took them out of his “art folder”. He was very proud of the snowman and the snake (Figures 2 and 3) and that he could draw his name in 3-D (Figure 4); (obscured to protect his identity). He was also very proud of his painting of the animals in the jungle (Figure 5). He remembered his counsellor as having dyed red hair and black eyebrows and described how they would both close their eyes and bury marbles in the sand. Lennox described his Place2Be experience as “awesome” and “fabulous”, and said it gave him an insight into “what it is like for people who find life hard, like my friend A”. Before he came to The Place2Be, he thought other people's feelings were “rubbish”, but now he had time and patience for others.

6.2.3 My reflections on the case

It is obvious that Lennox was displaying considerable distress through his “acting out” behaviour, in the classroom and playground, due to multiple risk factors in his home environment. Although highly intelligent, he was unable to engage with his learning and was alternately withdrawn, needy and aggressive with other children, when he felt “crowded”. According to his father and school project manager, he could still be demanding and needy, but his stable attachment and home life with his father, now provides him with a solid and consistent attachment, where he feels safe and receives consistent attention.

The Goodman post-SDQ with parent, teacher and child, show huge improvement and the scores are now in the normal range, whereas formerly they were abnormal, before intervention. However, it is important to let the qualitative experiences and

the “voices” in this case study speak to the possibility of change. The school project manager stated that she believed he could “survive”, now, in school, and given his original home environment, that might be an entirely appropriate term. He was clearly a child at risk of exclusion, and his father described the intervention as “timely”. A secondary school has limited tolerance and capacity for a needy and demanding child.

It is highly unlikely that Lennox would have been able to access external therapeutic support, despite his considerable risk factors and the concern of the school. This has been acknowledged by Graham Music, at the Tavistock and CAMHS:

“... Service provision is increasingly organised with the expectation that clinics must only treat diagnosable mental health disorders, and do so with NICE approved treatments. The catch for this client group is that being “looked after” or maltreated, is not a disorder, and the issues with which such children present often simply do not fit into the main diagnostic categories as defined by DSM IV.”

(Music, 2011 p.2)

Music goes on to describe the maltreated child as having characteristically poor peer relationships, which links with lack of early attunement and insecure attachment relationships. The child can be rigid, not managing any change, yet easily deregulated and out of control.

“Many of these children do not seem to be able to fit in anywhere, get excluded from school, have few friends and relationships that last and many, and especially the boys, find themselves in the criminal justice system.”

(Music, 2011 p.4)

My own experience of interviewing Lennox and his father was a feeling of intense engagement and experience of being emotionally affected by the child’s struggle to survive and express his situation, through behaviour. When a child, such as Lennox “acts out”, in school, he can easily be labelled as having “learning difficulties” or

ADHD; he can be seen as having a “conduct” disorder or, through his challenging behaviour, be excluded. Such children are simply regarded as difficult to manage or pathologised, not as struggling with the challenges and vicissitudes of day-to-day life, in home and school. Lennox needed to be listened to, played with “properly” and helped to understand and transcend his family situation and his frustrations as a carer, and the crowding of other children in his school life. His “lostness” and “washed out” appearance needed to be understood, rather than ignored or pathologised; there was also a need to awaken the conscience and response of his father and the teachers in the school.

The work with Lennox demonstrates the importance of listening and attending to a child, and using therapeutic “curiosity” to attempt to understand the meaning of their behaviour and existential situation. Lennox was clearly expressing and demonstrating his impossible situation, as well as the multiple conflicts and contradictions in his home life. The poignant plea “help me”, through his art work, clearly and accurately expressed his situation of pervasive and persistent neglect, and his insecure and confused attachment to his mother and siblings. The Place2Be therapist and school project manager were critical in “hearing” the message, and conveying the significance to his father, who was supported to overcome his anxieties of his responsibility for Lennox, and offer him a safe and consistent attachment, which could recognise his turmoil and needs.

“Children it seems are characterised and objectified even further than adults. This is done by age, academic ability, medical diagnosis, behaviour etc. Fundamentally, however, from an existential position, nothing changes. Children are still beings, actively coping with the world, trying to find their way about in the world, and with the same parameters and existential givens we must all live with.”

(Scalzo, 2010 p.3)

A significant factor, in this case, was the provision of a non-judgemental, but quietly tenacious encouragement, from the school project manager to the father, to support his confidence to take up his responsibility as a father and take custody of

his son. Moreover, as a child with multiple needs and multiple risk factors, he was able to receive multiple interventions from The Place2Be and from The Place2Talk, ranging from two contracts of one-to-one counselling, to group work, in year six. The Place2Be is aware of the risks of “dependency”, and invariably limits counselling interventions to three terms (one academic year). Lennox demonstrates the importance of intensive multi-level, multi-component, intensive interventions, durable over time, and the critical importance of parental engagement (Durlak, 1995).

Following my write-up of the case, I sent copies to the school project manager and therapist who had worked with Lennox, and his father, Mr. C, for comment and collaboration.

The school project manager responded that she felt the case study was fair, balanced and accurate, and that Lennox was a complex case, but typical of the children referred for therapy, in her school. She was able to check her records, and confirmed that Lennox had received sixty hours of one-to-one therapy, over a two year period, eight hours of group work, and six visits to The Place2Talk, at lunch time. She felt the case demonstrated the importance of reaching “hard to reach” parents, through tenacity, respect and support, and yet know when to offer a direct challenge, as she had done, to encourage the father of Lennox to take custody of him. She described this as a “key turning point” for Lennox and commented “this is my responsibility as a school project manager – to challenge”.

She considered herself fortunate to be working in a school where there was a therapeutic ethos and respect for therapy, and a policy of non-exclusion for children such as Lennox, who could be frustrating and challenging. She felt the school senior management and child protection officer had empathy and concern for him, and somehow used their intuition in knowing how difficult his family circumstances were, without knowing all the details and facts, which she felt had been brought together, in his case study.

Her final comment was to emphasise the critical importance of accessibility for children such as Lennox, who could use The Place2Be service, which helped him to manage his confusion, neediness and aggression.

I sent the case study to Mr. C for his response, as a participant in the case study, and as the father to Lennox. I had been worried that reading about the risk factors for his son and the reality of drug and alcohol misuse, domestic violence and abuse, and his own lack of confidence as a father, might have elicited a defensive and negative response.

I was pleased to receive this response from Mr. C, by email:

“Hi, sorry for the long reply but it’s been manic at school which has drained me completely. Year6 are ready to leave and I am more than ready to say good bye...

Just one correction. It doesn’t matter to me, but you can decide whether it matters to your report.

- *He’s the oldest of six. Two boys & four girls...*

I’ve also noticed his competitive streak especially with younger children but we are working through it and the Taekwondo is helping him socialize but I’m very aware that he need more social interaction practice.

It’s also highlighted the children who fall through the net because as you say they have no obviously diagnosable condition, I’m starting to see cases where someone like CAHMS dismiss a case because they can’t diagnose anything even though there is clearly a need. This is why I think your organization is very needed and also very inspiring to someone like me.

Don’t get me wrong, I talk a good talk but I am starting to become aware of my shortcomings as a parent, I feel part of this is natural but I need to make more of an effort to bring more of my working practice home. In saying this I’ve just done a Pupil Attitude To Self at School electronic profile on him and he scored a lot higher

than expected which was pleasing to me. He still isn't as open with me as I would like but hopefully this will come with time. We'll just keep on trucking.

I love this report and found it very insightful, I would have loved to of seen the drawings as they were not attached. If you already have in an electronic format can you please send them to me.

Thank you very much for everything that your organization has done and I hope this report does what you want it to do.

Thanx"

I duly sent Mr. C the drawings, as requested.

Although our narrative and family situations are different, I recognise my own situation as a child, in the case of Lennox. I was seen by teachers as “anxious”, “clingy” and “aggressive” and I was blamed by my primary school teachers for failing to engage with my education.

My reflexive response to thinking about the home situation of Lennox provoked my memory of growing up in a house without books. The only books available in my family home were several editions of the Reader's Digest, which was a monthly subscription paperback containing a series of bowdlerised articles which condensed popular novels and magazine articles. It was a resolutely conservative and middle-brow publication, written for individuals with a reading ability of an average eleven year old child. Fortunately, I was able to have access to the local library and, despite continuous criticism from my parents for reading, which they felt was “abnormal” and “unhealthy”, I was very stubborn and became a bibliophile. I was fortunate to have support from my two English teachers who recognised my precocity, and who supported me in my obsession with reading. On reflection, I believe the local library and these two teachers saved my life, and prevented me from falling into despair and self-destruction.

6.3 Case of Lucy

Lucy is a year four child (eight years of age), from a Russian mother and a white British father; she was referred, in year three, by her class teacher, for concerns relating to poor concentration, social isolation, and a struggle to retain simple information. Lucy had no friends in her class or in the playground, and was described as “being in a world of her own”, and “in a dream world”. However, it was known that Lucy was a highly creative and intelligent child who enjoyed painting and artwork, but could be prone to imaginative fantasies. There was some low level disruption in class, and a tentative hypothesis that she may have mild learning difficulties or dyslexia. She could be “clingy” with adults, and although Lucy did not show obvious anxiety and distress, there was speculation that she “bottled up” her feelings.

Reasons for referral by class teacher:

- occasional disruptive behaviour at school;
- emotionally distant from peers and teachers;
- unfocused in class; and
- significant failure to meet educational attainment targets.

6.3.1 Interview with mother of Lucy

Lucy lived with her mother and father, an older brother and a baby brother, and it was acknowledged that the family was living in overcrowded accommodation, in a one-bedroom flat. The father worked shifts, so there was considerable pressure on the mother, with three small children, although the father played with the children, whenever he could. However, the parents were keen to support Lucy's academic progress, and were concerned that she did not seem to be making progress in her schoolwork. Mum was very supportive of the school and head teacher, and the family was very religious and devout, as mother was Russian Orthodox in her faith. In my interview with Lucy's mother, she expressed the shock at hearing the school's concerns for Lucy and her anxiety about Lucy's social isolation and lack of friends. She valued the support that the school could offer her daughter, and acknowledged

that Lucy loved attending The Place2Be, where she could be creative and artistic with the art materials. Lucy's mother acknowledged that, with three children at home, she was busy and that she acknowledged that Lucy was a highly sensitive, intelligent child with a "soft heart". However, she could also be competitive (e.g. rivalry with her older brother), and had occasional anger problems, at home, with swearing. Having therapy with The Place2Be had helped Lucy with her confidence, and managing her temper, and she could now play and make friends with older children. ("She used to get upset very quickly before.") Lucy's mother was reassured that The Place2Be was a safe and secure place for her daughter, and wanted to support any intervention which would enhance her creativity and academic progress.

It was acknowledged that, at the beginning of the clinical work, Lucy had disclosed a high threshold child protection incident, to a teaching assistant, where she had witnessed her mother hitting her brother, across the face, with a belt. She later talked about this incident, in a Place2Talk session, with the school project manager. This was immediately referred to Social Services and the police visited the parental home. Parenting skills classes were taken up by the parents, who were deeply ashamed and anxious about the implications of the child protection referral. It is not unusual, when a child protection disclosure is reported by The Place2Be, for parents to react, negatively, and withdraw consent for clinical work; however, in this case, the parents felt that Lucy's best interests would be served by continuing to allow her to attend the counselling sessions, and that her anger and impulsivity were issues for her parents and teachers. Her mother was aware of the serious focus of The Place2Be intervention, but acknowledged that for Lucy, "Place2Be is enjoyment".

The counsellor was aware of her teachers' concerns that she was isolated and had no friends, and that she had poor concentration and was not meeting her educational targets. Lucy had been in a previous Place2Be one-to-one intervention, to help her manage her anger issues and impulsivity.

6.3.2 Meeting with Lucy's therapist

When meeting with the therapist who had worked with Lucy, for a school year, she acknowledged that Lucy was a lively and vivacious child who was enthusiastic in her work with The Place2Be. ("Lucy had a plan for every session.") She worked with Lucy offering non-directive play therapy, where she experienced Lucy "taking the lead", and being very directive in her therapeutic play. The therapist's intention was to facilitate Lucy's play, thus allowing her to "make sense of the world".

6.3.3 The therapeutic process

- contract with Lucy and clear boundaries;
- early preparation for the ending of the work;
- multiple therapeutic media of expression, for sensory, projective and art based work; and
- role play between Lucy and her therapist.

The themes which emerged were: living with lots of other people; people stuck in a small space; and lack of privacy and overcrowding. Because Lucy's family was waiting to be re-housed, and three children and two parents were living in a one-bedroom flat, Lucy was playing out her reality, using the human figures in the doll's house. As a mature, intelligent child, Lucy would explore themes of her identity; drawing and making images of herself, her mother and her counsellor, and exploring her identity as a little girl. She would often "hide" things in The Place2Be room and observe her counsellor's reaction. She would often play role reversal games, where she was the "therapist", and her counsellor "the child client". Additional themes were creating plays, where the counsellor was sick, so that Lucy could "look after" her counsellor, cook her meals, with a sense of playing out power games and exploring boundaries. Although Lucy could be extravagant with the glitter and the arts materials, she was able to calm down, gradually, and become more autonomous in her play and less controlling, and become tidier and more contained, and move away from the messy and chaotic play of the early part of the work. As the work moved towards an ending, darker themes emerged of children drowning and going to hospital and the grief of ending with her counsellor. It

seemed as if, by making her counsellor her “best friend”, Lucy was playing out the need to understand the nature and obligation of friendship, and her self-esteem.

6.3.4 Lucy’s journey through her play and art projects

- sensory and messy play with paint, glitter and coloured stickers;
- projective play with the doll’s house and toy figures;
- role play directed by Lucy;
- themes of power and control, anxiety, sadness, anger and attachment; and
- issues of separation and reunion with her counsellor.

The counsellor was aware that her mother was preoccupied with her new baby, and play therapy in the room offered Lucy space, time and attention, to process this new arrival in her world, and to manage her feelings of anxiety and rivalry, with the new baby. Lucy would use all the materials in the room, and delighted in “wasting” materials, since she could experience herself having power and “space”, in The Place2Be room. She had fantasies of living in the Place2Be room, and there was clearly a strong attachment to her counsellor. The counsellor was struck by her very rich imagination and intelligent creativity, as well as her resourcefulness, as she played out her inner world and played at “getting her needs met”. The counsellor felt that the early intervention provided by The Place2Be was able to change the perception of the adults, in the school and at home; and, indeed, her mother recognised her precocity, and had arranged art and drawing lessons for Lucy.

Lucy’s mother felt that The Place2Be had been a highly positive experience for Lucy. “She now takes responsibility and is more focused.”

“Lucy did not see that she had problems, when she was referred to the Place2Be.”

6.3.5 Interview with Lucy

The interview was held in The Place2Be room, for one hour. I explained the contract, carefully, to Lucy, and invited her to make use of the art materials, in the room. I was explicit to Lucy that she could stop the interview and withdraw and go

back to her class, at any time. She signed the child consent letter for interview (Appendix xv).

I experienced Lucy to be a highly intelligent and lively child, and I made a contract for the session, in which I explored her experience and memory of The Place2Be. Lucy explained that she loved The Place2Be, because she could play and make art, but that she was particularly attached to her counsellor whom she described as “pretty”, “fun” and “good”. She would play “hide and seek” with her counsellor, play music, paint and feed toy babies. Before she came to The Place2Be, Lucy admitted “I was on my own a lot”, and “if I didn't come to The Place2Be and play, my life would be boring”. It was clear that she had a strong memory of her counsellor and said, several times, “I really like D”, “she is nice and funny when she laughs”. Lucy spent much of the session drawing an image of herself and her counsellor D; she is waving at D “like the first time I saw her”, and I was aware that this picture was a happy picture, with a detailed and precocious skill for an eight-year-old child (Figure 6). She spent a lot of time changing D’s hair colour and adding earrings to the figure of D.

Lucy informed me that she lived in a “huge flat”, with 10 bedrooms and two kitchens, one for adults and one for children. Since I already knew this was not reality, I understood this to be a wish fulfilment for more space for herself and her family. Lucy talked about her cousins, her older brother, her grandparents and her parents, and the prayer group she attended, every week. She described sharing a room with her brother and having bunk-beds and asked: “when can I come back to The Place2Be?” Lucy was an engaging child and spent over half the session on adding more detail to her picture of the counsellor and herself. Her Goodman SDQ total difficulty score completed by her class teacher was 16, pre-intervention and 13 post-intervention, so that she moved from abnormal category, to a normal category, after a year of counselling.

6.3.6 Case outcomes at school

- ability to make friends with other children;
- more focused, in class;

- cessation of disruptive behaviour;
- able to approach teacher and other children, for comfort and direction; and
- Lucy now meeting educational attainment targets in SATS.

The case outcomes related by the teacher are as follows:

“Lucy has made progress socially and emotionally. She has matured. Her overall demeanour is more positive. She has begun to form strong friendships with children of her own age rather than younger ones.”

(Teacher post-intervention written report)

6.3.7 Case outcomes at home

- more co-operation with mother and sibling;
- less aggressive to older brother;
- more emotionally expressive;
- using art to communicate her inner world concerns and anxieties; and
- cessation of aggressive temper tantrums.

6.4 My Reflection on the Case

It is obvious that, although Lucy did not have high risk factors like Lennox, as she has a strong and stable family unit, she was, nevertheless, struggling to find “space”, and to develop a positive identity, in school. The overcrowding in her family home was experienced by her as oppressive, and The Place2Be intervention supported her to play out and resolve the frustrations about the lack of space, and the crisis of the new baby. A new sibling can often be experienced as a crisis by children, who fear they may be displaced or anxious about the attention given to a new sibling. Lucy was able to use the temporary attachment of her counsellor, to negotiate boundaries and a new identity, which enabled her to gain confidence in making friendships, and move from isolation, to becoming a more ordinary child, with extraordinary skills and creativity. Although there was speculation about her lack of academic progress, The Place2Be intervention enabled Lucy to join the school community, and become

recognised for her artistic precocity, and negotiate a transitional stage in her identity and development.

As with Lennox, Lucy was also at risk of being pathologised as having “learning difficulties” or “dyslexia”, when it could be argued that she needed the therapeutic space to process her frustrations at living in a one-bedroom flat with three siblings and two parents, and needing to learn to re-engage, academically.

“Children who receive effective, well designed and well implemented mental health and social and emotional learning, are more likely to do well academically, (in some cases achieving higher marks in subjects such as mathematics and reading) to make more effort in their school work, and to have improved attitudes to school.”

(Weare, 2011 p.18)

Lucy also represents the importance of early therapeutic intervention, through play therapy, to arrest the spiral of academic disengagement and drift, and engaging with parents and teachers, in the school.

Following my write-up, I sent the case to the school project manager whom I had interviewed and Lucy’s mother. The school project manager felt that the case was a balanced account, but that I had failed to convey the “pressure cooker” of Lucy’s family life, as all three children and two adults lived in a one-bedroom flat. Also that, although the therapy produced a more positive outcome for Lucy with her mother, that due to her parents’ devout Russian orthodox faith, Lucy was often chastised, at home, for her creative fantasies and belief in magic, since existence was deemed to be “God’s Will” and “God’s Word”, and that Lucy should desist from her play, and be “good and successful”, at school.

Sadly, I did not receive feedback from Lucy’s mother about the written case study, as the family was in the process of becoming re-housed and the mother was not seen, at school. Further to this, there had been a disclosure by the mother of

domestic violence and abuse between the parents, which may be a factor in the mother's absence and disengagement from school.

“Case study research “is an intensive, in-depth form of investigation.”

(Vallis and Tiernay, 2000)

It is conducted within the context it occurs, thus giving a picture of the real life situation.

I hope I have given an account of the experience of Lucy, Lennox, their parents and therapists, to demonstrate the application and value of school-based mental health.

One weakness of the case study method is that it may be biased, as a result of the researcher becoming too involved in the collection and analysis of the data, and the study “may become merely and extended anecdote without evaluative relevance” (Cheetham, et al., 1992).

However, the strengths of the case study method are that it can attempt to describe a real event, with a depth of understanding, and can uncover detail, in complicated situations, and can facilitate explanations and the complexity of “truths” of an individual experience.

It was essential to render the experience of children and parents, in this research, and to hear “their voices”. From an ethical perspective, I have striven to “take care” of the participants, in these two case studies, and I feel privileged to have had the opportunity to meet them.

Figure 1

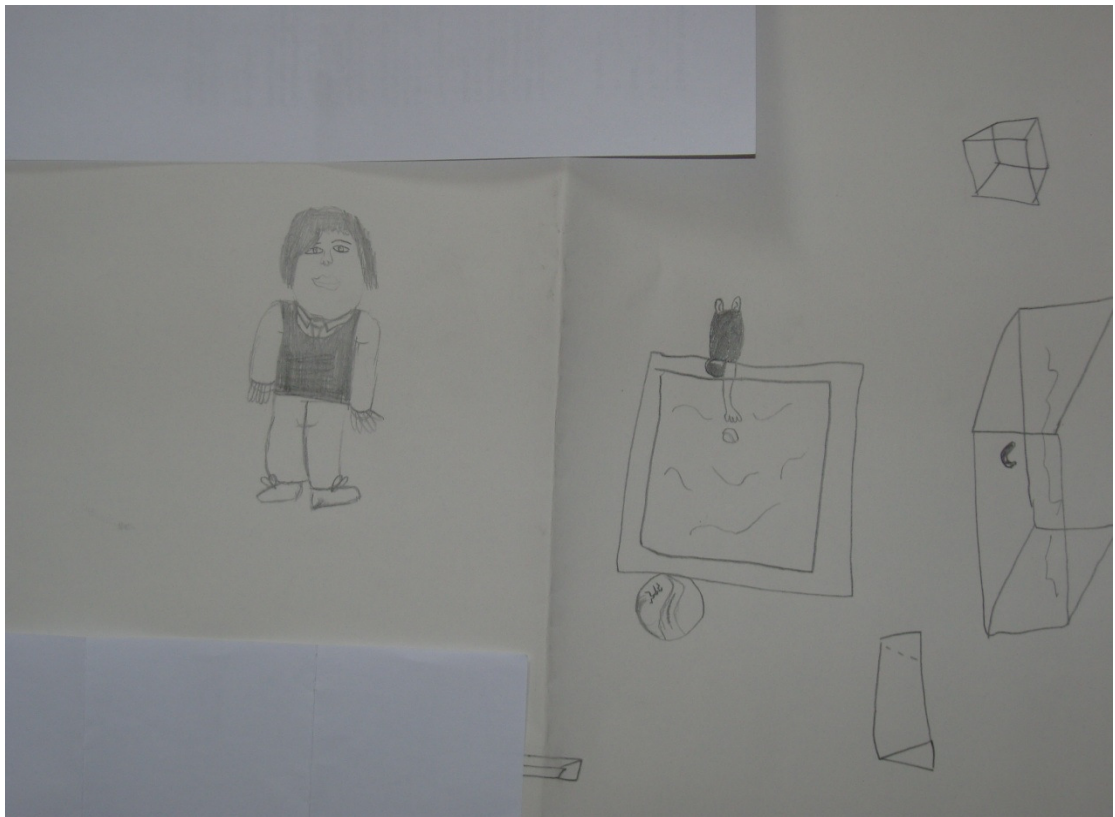


Figure 2

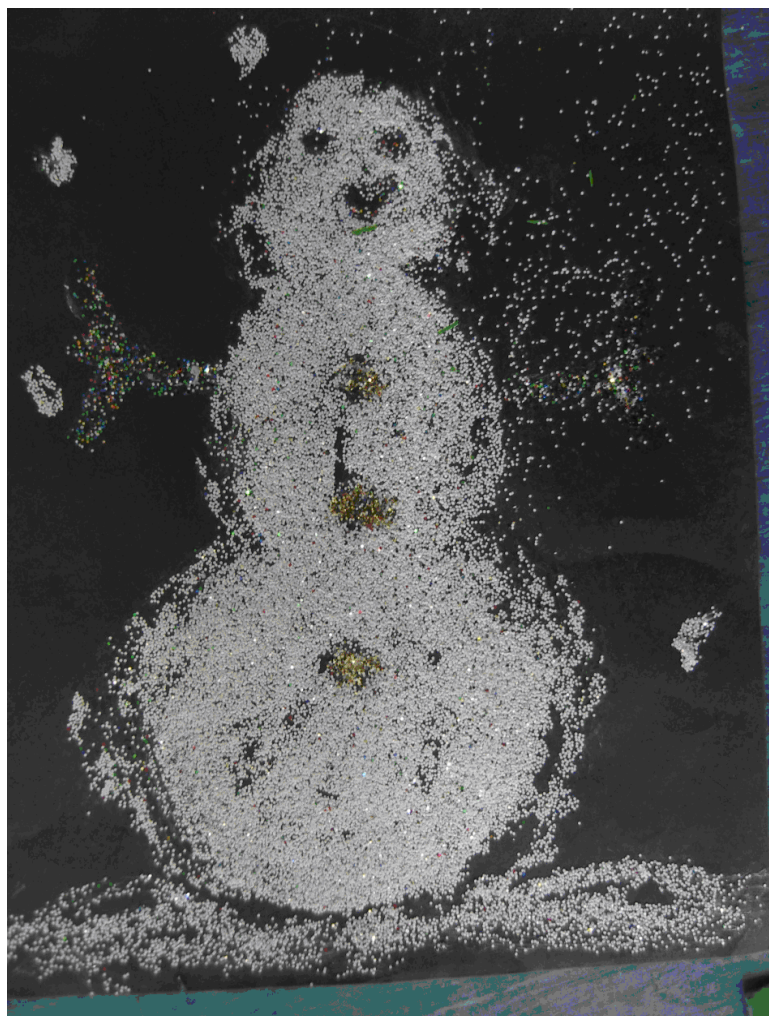


Figure 3

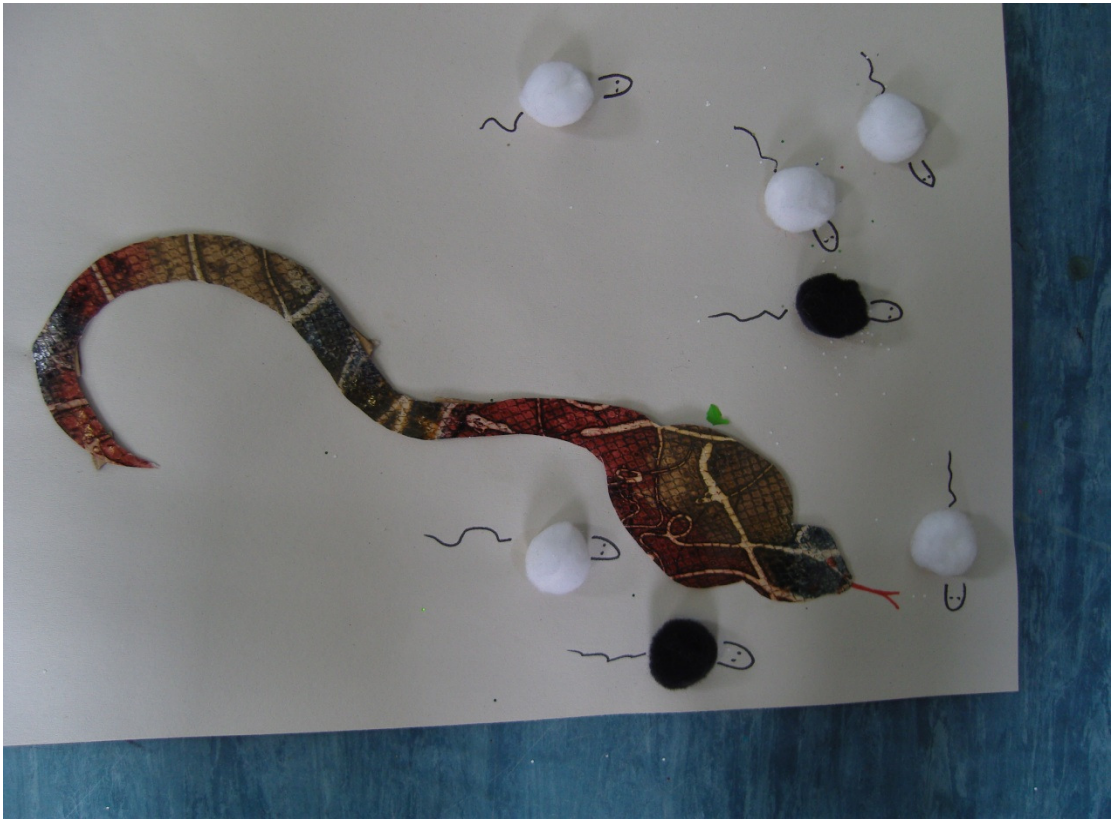


Figure 4

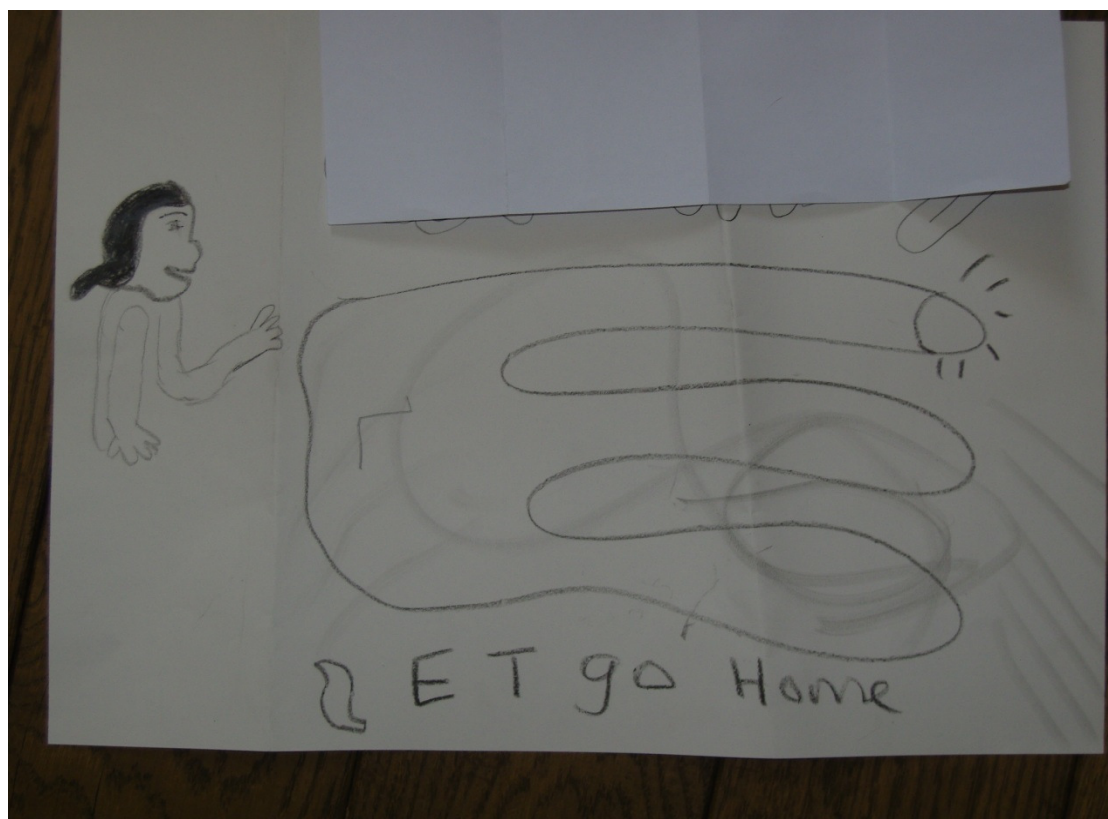


Figure 5



Figure 6



Chapter 7: THE LAST CO-OPERATIVE INQUIRY GROUP

“Not everything that counts can be measured

Not everything that can be measured counts.”

(Einstein)

- **Reflection, Challenge and Critique of the Case Studies**
- **Implications for The Place2Be for Case Study Research**
- **The Reflexive Journey and the Impact on Self**

7.1 The Last Co-operative Inquiry Group

The final co-operative inquiry group focused, initially, on the two child case studies, which I had sent all the group members, two weeks before we met.

The group felt that the case studies exemplified the importance of the therapist being a key member of the “team around the child”; of a child with multiple risk factors; and they felt that the hard and relentless work of the school-based therapist was demonstrated, in the chapter on “Lennox and Lucy”. One member noted that it was politically and socially valuable, to expose how an organisation might work with a father, and parents, in an attempt to help the child. Also, there was often an assumption that Afro-Caribbean fathers were difficult to engage or “hard to reach”, and a cultural prejudice that fathers are not expected to take responsibility, as a parent. There were positive comments about the case study of Lennox, and the description of the “gentle nudge” and the “quiet tenacity”, which had helped the father to establish a bond and sense of responsibility for his son.

A further theme which emerged from the group focus was the trauma of ending the therapeutic work for children who had been “let down”, by parent and authority figures in their lives. The group felt that the case studies exposed, successfully, the interface between the “internal” and “external” processes, in providing therapy for children, particularly those with multiple risk factors. The group felt strongly that the case studies demonstrated, clearly, the imperative of “long-term” work for children, such as Lucy and Lennox, and that some of the children have such

complex circumstances, that the decision to extend the work beyond the permitted three terms should reside with the school SENCO and the school project manager, with a clinical oversight by the hub manager. This gave rise to a case example of a child, in one school, who, as a “looked after” child by the local authority, had come from a background of profound neglect and abuse, and in the view of his social worker and the adoption panel, would not have been able to achieve a successful relationship with his adoptive parents, without the three years of The Place2Be therapeutic intervention. Although this was a positive outcome, the case example gave rise to an expressed feeling in the group that, for many children in The Place2Be, their home or family circumstances do not change, and this can be very painful for the therapist and school project manager, when children are living in an adverse or psychologically damaging family system. Although therapy for children attempts to foster resilience, the group was cautious about “happy endings” for many of the children, since their home circumstances were so unpredictable and chaotic.

Criticism of the case studies was directed at my description of Lennox as Afro-Caribbean, but not disclosing Lucy as Russian/White British, until later in the case, and I agreed to amend this, to achieve equity. Also, criticism and anxiety were further expressed about the reactions of the father of Lennox and the parents of Lucy, to the case studies, and whether I was prepared to receive negative feedback. I reiterated that I felt that there was more to be gained than lost, in sharing the case studies, with both sets of parents and that it felt ethical, and could only support the therapeutic gains for the children.

Another key theme which emerged, in the group, was the ambivalent relationship with CAMHS, which can express “turf war” or rivalry, envy or hostility from CAMHS to The Place2Be, as well as professional appreciation, and cross-referral of the complementary possibilities between the two services. There was a group reflection that the therapy profession is riven by competition, rivalry and anxiety, and that this can be expressed through an envious rivalry from CAMHS to Place2Be practitioners. One member related a story of hostility from CAMHS, relating to a child with sexualised behaviour, with a strong suspicion of current sexual abuse, and where the CAMHS practitioner had assumed that The Place2Be volunteer /

counsellor working with the child was unqualified, because she was working voluntarily, whereas she was a fully qualified therapist, with a proven history of working successfully with children who had been sexually abused. Indeed, one member related a case when the father of the girl referred for therapeutic support refused to let his daughter be referred for therapy, in CAMHS, because “if we went that way, my daughter would just be a number”. He expressed greater trust in The Place2Be provision and ability to offer long-term work and contact, as well as feedback about the work with his child. Again the “ordinary accessibility” and the context of the normal ordinary environment felt less intimidating and more engaging than the external clinic.

The group acknowledged that The Place2Be model of volunteers providing therapy could be seen as a vulnerability or weakness by statutory agencies, such as CAMHS; however, the “variability of skill” could also be experienced in CAMHS teams and, indeed, any therapeutic team, where there is variability in skills, qualifications, confidence and therapeutic efficacy.

Referring to the case studies, it was acknowledged that neither Lennox nor Lucy would have been accepted as suitable CAMHS referrals, since neither neglect, deprivation nor overcrowding are deemed to be tier three mental health problems.

One member was vociferous that the assumption that CAMHS was clinically superior to what could be provided by The Place2Be was false, since what was often offered by CAMHS was intermittent, brief interventions, and gave an example of a child who had received four sessions, over a four-month period, before it was acknowledged that the child needed long-term work, and she was referred back to The Place2Be for a long-term intervention, due to the complexity of her behaviour and family situation. The Place2Be could be the holding of complex children, despite concern by The Place2Be Quality Committee, chaired by Dr. Bob Jezzard, that The Place2Be should not work beyond tier two mental health problems, and that all complex cases should be referred to CAMHS.

Reference was made by the group to the high turnover of clinicians, within CAMHS, and contrasted with the consistency and care offered by Place2Be therapeutic teams.

The group felt that the case studies demonstrated the importance of a non-stigmatising approach to parents, with a “no-blame” stance, and avoidance of shaming the parents for deficits, rather than attempting to give the parents and child the time to find their language and “voice”, to support the possibility of a good outcome for the child. It was acknowledged that the Goodman strength and difficulties questionnaires (SDQs) were a “blunt tool”, in attempting to assess positive change for the child, and that there was often a discrepancy between the SDQ scores, and the qualitative “voices” and views of the parent, child and teacher, in the case. One member, who worked in a Place2Be secondary school with adolescents, suggested that the case studies exemplified the importance of early intervention, as she felt that, in her experience, adolescence was where young people got “stuck”, due to the unresolved and unacknowledged issues, in their childhood experience.

The group reflected upon the experience of the co-operative inquiry “experience”, over the past three years, with my acknowledgement that the group had been a critical part of my doctoral journey, which had enabled me to become more transparent, open and honest, as a research practitioner. My experience as a regional manager had disconnected me from my work and feelings, and one participant noted that I had clearly enjoyed connecting with both Lennox and Lucy, and the experience of meeting real children, after years of management targets, funding applications and timelines.

One participant felt that head office, or core hub, was too far removed from the “therapeutic coalface”, and that calling a manager or administrator was like an experience of “cold calling”, with no warmth, or understanding of the realities of school-based therapists. She was clear that every office-based senior manager and administrator should spend at least two hours, every year, in a school, in order to “feel the ground” and reality, of the majority of the Place2Be workforce, in the field.

The group felt that my research and written products had moved from “dry and distanced” research, in my initial draft PEP, to reflective and reflexive, and more

capable of revealing the complex and challenging reality of school-based mental health. There was an acknowledgement of the “wounded helper”, which has emerged in my research identity, and that this corresponded with all the members of the co-operative inquiry group, who felt that they had learned from each other, and my written research, through the group inquiry “journey”. Because we had all been children, it was important to own our own motivation, in the “crooked seam of the human heart”.

One participant pointed out that I had neglected to specify the number of hours of therapeutic input that each child had received, and I agreed to contact the two school project managers, to include this calculation. The group felt that the “number of hours”, was significant in demonstrating the value of school-based mental health, since the alternative in the statutory sector was usually very restricted and offered inconsistency, e.g. anger management sessions, at an external CAMHS clinic, once a month, over a four-month timescale. There was acknowledgement that staff mobility, in CAMHS, was very high, whereas The Place2Be service was consistent for the children and families.

One participant in the original group who had reviewed my PEP, and who had described the first draft as “dry and boring” (and commented, “where is the work and where are the voices?”), felt that my doctoral chapters had moved from “black and white to colour”, and I felt that this accurately reflected my own sense of my research journey, as I have come alive to “feeling the work”, in The Place2Be, and the lived experience of the key participants.

As I reflected on my feelings and process, in the group, one participant described a similar state of paralysis, in a parent who had come for an assessment meeting of her child’s needs and therapeutic referral. She reported that she had “no concerns” about the child; but, one year later, at the follow-up assessment, was able to reflect that she had, indeed, had so many concerns and had felt so overwhelmed by anxiety, that she had felt paralysed and had been unable to articulate a single concern.

The experience of reflective process and reflexivity, which had been the foundation of the co-operative inquiry group, has been a painful and powerful challenge for me,

and yet the most valuable part of the doctoral journey. By the end of this final co-operative inquiry group, I feel that I have “caught up” with the confident reflexivity that all the members of the group already possessed, at the beginning and formation of the group, four years ago. One participant commented that “you are strange, but not a stranger anymore”. I feel that this is an accurate and truthful perspective on my role and identity as a senior manager, within the organisation. The Place2Be organisation “culture” requires, and has expected me to be “professional”, “boundaried”, unrevealing of self, and authoritative, decisive and “tough”. Despite the fact that I have worked for The Place2Be, for fourteen years, most of my colleagues know absolutely nothing about my motivation, needs, fears, anxieties, childhood and personal life. I am respected and valued, but not “known”, and this has been seen as desirable, professional and appropriate. The co-operative inquiry group has been an experience of struggling with this paradox, and feeling held and contained by the group, yet, finally, becoming a member of the group, rather than the facilitator or researcher.

Since the group has been sent the entire products of this doctorate, I feel very “exposed” and truthful, for the first time in fourteen years. It is an uncomfortable and embarrassing experience, but such a profound relief and privilege to have arrived.

The group has framed the possibility of critical subjectivity, by resonance and encounter, in the research journey and experiential inquiry. The epistemology gained through the co-operative inquiry group has been experiential knowledge, practical field based knowledge and propositional knowledge, which has emerged through statements and recommendations; finally, and significantly, presentational knowledge which has emerged, through the art work and stories of the participants and their experiences of children’s lives. The co-researchers have become co-subjects, through our group meetings, which have been a series of cycles of reflection and action. The “actions” which have emerged have directly influenced my interviews with participants and reflected on the content and experience of the interviews. The interpersonal feedback and challenge was an emergent process, which was a parallel to my own critical reflexivity, and has enabled me to become aware and connect the personal, systemic and inter-personal, through the research

cycles. I, initially, took refuge in the content, rather than the process of co-operative inquiry, and the group was able to challenge, clearly, my lack of confidence and avoidance.

I did not anticipate that, at the end of the co-operative inquiry group, I would have become both research experimenter and subject, combined. As Heron writes:

“...a co-operative inquiry is a community of value and its value premises are its foundation.”

(Heron, 1998 p.63)

I felt huge relief and freedom in becoming part of the group, and allowing the cycles of inquiry to resonate through me. As Heron explains:

“In this, as in every other aspect of the method, there are no rules, only exploratory choices.”

(Heron, 1998 p.80)

Chapter 8: CONCLUSIONS

“It is better to light a candle than curse the darkness.”

(Chinese proverb)

- **Children’s Mental Health: Risks and Costs**
- **The Implications of the Final Project to The Place2Be and how this might Influence Future Policy**
- **The Ordinary “Magic” of Resilience and Intervention**
- **Current Research and Recommendations on Child Mental Health**
- **Impact of the Doctorate and Future Implications to Influence Policy and Practice in the Field of Child Mental Health**

8.1 Research Findings and Conclusions

The research findings and conclusions are as follows:

- The accessible school-based mental health service is complex and challenging.
- Key issues include “quiet tenacity”, passion and ability to become “Therapist in the Rain”.
- Hard to reach children are more likely to be reached, in the “normal,” non-stigmatising environment of school.
- Partnership between The Place2Be / school / parent / children is crucial.
- School-based therapy can enhance the “ordinary magic” of resilience and enable children to survive adversity.
- High quality, intensive, consistent therapy is critical to support children and parents experiencing deprivation, socio-economic adversity and disengagement from education.
- Children at risk of exclusion and academic failure can be helped by school-based counselling. Parents fear being blamed / pathologised and are anxious about “professional” power and intrusion.
- The school environment benefits from having the most disruptive and challenging pupils supported by therapeutic services.
- A good, consistent therapeutic attachment can have a compensatory affect, to enable children to develop empathy, self-management, self-soothing and self-awareness.

- Early intervention for children may ameliorate risks for adolescent and adult mental health problems.
- This study provides an exemplar of how to design and implement an effective school-based mental health service.

This final doctoral project has sought to show and reveal the impact of a school-based mental health service, in primary schools, in the inner-city, through improving the emotional health and well-being of children. The Place2Be has always sought to demonstrate the effectiveness of the school-based mental health service, through evidence-based practice. In 2009 / 2010:

- 1,889 children were in a long-term therapeutic intervention;
- 11% of these children were subject to a child protection plan;
- 636 children were in a group work intervention;
- 437 children were in a short-term intervention;
- 44% of the entire cohort were from a lone-parent family;
- 46% (1,375) were receiving free school meals; and
- 49% of the entire cohort was designated children with special educational needs.

These figures indicate significant information about the social deprivation of a large percentage of the children receiving Place2Be clinical interventions.

8.2 Outcomes

Outcomes are measured using Goodman's Strength and Difficulties questionnaires (Goodman, 2001). The primary outcome is reduced levels of psychological difficulties, as assessed by comparing pre-and post-intervention total difficulties' scores, from the SDQs.

In 2009 / 2010:

- 74% of parents, 71% of children and 65% of teachers reported improvements in children's Total Difficulties scores, following The Place2Be support and clinical intervention; and

- 84% of parents reported an improvement in children's problems, on the SDQ impact supplement, following The Place2Be intervention.

Although these scores are arguably impressive and interesting, they do not tell us the **how** and **why** the intervention may have helped the child, the school and the parent.

This final project has sought to bring alive the voices and qualitative experiences of the key players, in the service and, rather than present **evidence-based practice**, present the narrative of **practice-based evidence**, through qualitative inquiry and field-based exploration and explanation.

Music (2009) has written of the ambivalence of schools to external mental health practitioners, offering clinical interventions to children in their schools.

“As child psychotherapists and counsellors, we have traditionally viewed ourselves rather like “moles” burrowing away in private clinical mole holes, rarely coming out into the blinding light of systems, external structures and relationships. The new political agenda requires us to roll up our sleeves, and find a way of becoming part of the melee of school life, while at the same time safeguarding our therapeutic stance. This is no easy matter.”

(Music, 2009 p.21)

As an exemplar of a school-based mental health service, I have sought to reveal that to help children with multiple risk factors, and yet deliver high quality and effective clinical services, “this is indeed no easy matter”. However, I shall attempt to focus on the practical insights and application of the learning and implications of The Place2be, which may help to support a therapeutic agenda, to support children in some of the most disadvantaged communities in the United Kingdom.

Although children's mental health is increasingly seen as “everybody's business”, resources do not match the need, and currently forty per cent of children with a mental-health disorder do not receive any treatment. The main national charity

advocating for the mental health of children and young people, “Young Minds”, has an annual income of less than two million pounds, and the campaigning voice of this sector is fragmented and weak; therefore, achieving ambitious change is difficult, and this is exacerbated by the current economic situation. Many voluntary sector agencies which provide counselling for children are facing a reduction in services, and actual closure.

Mental health problems are inextricably linked with issues of risk, deprivation and vulnerability, and can be part of a negative life journey, resulting in social exclusion, low achievement, drug misuse and adult mental health problems.

8.3 Cost Implications

A recent study on the costs of adult mental health, by the Sainsbury Foundation for Mental Health, calculated the cost of adult mental health in England:

- £77.4 billion, in 2003;
- £105.2 billion, in 2009 / 2010;
- £8.6 billion, in Scotland, in 2004 / 2005;
- £3 billion, in Northern Ireland, in 2003;
- £7.2 billion, in Wales, in 2010 / 2011.

These costs relate to costs of health and social care, medication and clinical appointments. They also include output losses, due to absence from work and reduced quality of life. One also notices that the costs of treating adult mental health problems, in England, between 2003 and 2010 have risen by £27.8 billion.

Research studies show a strong correlation between child and adolescent mental health difficulties, and mental health problems in adult life. A study by the Office of National Statistics found that children with a mental health problem are more likely to be boys, living in a lower income household, in social sector housing and with a lone-parent. A three year follow up study looking at the persistence of disorders showed that:

- 45% of children, who were assessed, in 1999, as having a conduct disorder, were also rated as having a conduct disorder, three years later; and
- 25% of children who have had a clinically related emotional disorder, at the first interview, in 1999, were also assessed as having an emotional disorder, three years later.

8.4 The Place2Be Model

The Place2Be model provides early clinical intervention for children with significant risk factors, to promote the “ordinary magic” of resilience (Masten, 1990, 2001). Many of the children are facing constellated disadvantage, which can be persistent, and misunderstood by schools which experience the challenging behaviour of “acting out” children.

Barnardo's recent report on school exclusion estimates the cost of permanent exclusion, at £65,000 (Barnardo's, 2009), with damaging long-term impact for the individual child and society. It cites:

“...black Caribbean boys are three times more likely to be excluded than their white peers, children with special educational are ten times more likely to be excluded, while primary school children receiving free school meals are five times more likely to be excluded.”

(Evans, Barnardos, 2009 p.7)

Intervening early with behavioural problems and emotional and conduct problems supports not only the child at risk, but their peers in the classroom and the wider community, since there is a strong and enduring link between the adverse effects of an interrupted education, and young people who commit offences and enter the criminal justice system (Evans, Barnardos, 2009: A New Philanthropy Capital Report).

It can be argued that, for children and young people growing up in pernicious and constellated disadvantage, education is the key critical path to resilience building.

The educational system is a universal provision which promotes the development of a sense of achievement, competence and emotional intelligence. It provides for socialisation into the wider culture, and is a safe arena for normative peer-to-peer, as well as adult-to-peer, contact. It can open up new opportunities (Rutter, 1975) and increase the range of available resources to a child (Masten, 1990, 2001).

However, as this final project has attempted to reveal, teachers and school staff often do not have the critical time, nor the therapeutic skills, to assist with the most troubled pupils, in their class, and need accessible and non-stigmatising support for children, their peers and themselves, to address the negative spiral of educational disengagement and behavioural challenge.

Behaviour is rarely meaningless or random. It has underlying causes and context for the child; so, it is often meant to convey a message. The Place2Be can help to try and understand the causes and meanings, and convey that meaning to the child, teacher and parent. The service is also concerned to help children who are quietly anxious, unhappy, withdrawn and depressed, but whose needs may be overlooked, because they are not disruptive. The case of Lucy demonstrates the need to be concerned about such a child, and to offer early intervention and a consistent and sensitive therapeutic approach. The emphasis is on prevention and inclusion, rather than on categorisation and a “one size fits all” behavioural strategy. Emotional and social competences which are promoted through The Place2Talk, Circle Time, group work and one-to-one counselling, can improve educational engagement and achieve better morale and motivation, for the whole school population, and those who are most at “risk” or “hard to reach”. As Lucy and Lennox have demonstrated, sadness and anger can block learning, while other emotional states such as feeling safe, valued and prized, can assist learning, empathy, self-control and self-soothing.

It could be argued that The Place2Be provides schools with an in-house, holistic mental health service, which works with the whole school, thus avoiding the stigmatising of individual children. It is part of the school framework of emotional and psychological coherence, team work, joined-up thinking and a positive approach to multi-professional working.

Since The Place2Be works with children, in infant and primary schools (and years seven to nine in secondary schools), there is a long-term and developmental coherence to supporting children in schools. Although this study has focused on primary schools, further research could be undertaken, to consider the impact of The Place2Be, on infant and secondary school pupils.

School-based mental health programmes, such as The Place2Be, can promote the learning of emotional and social competence, which emphasise empathy for others and the encouragement of independence. Studies of the social and emotional development of young children have shown that it is vital that a child be brought up by trustworthy and consistent carers (Winnicott, 1971, 1984). This study suggests that teachers, schools and an accessible counsellor may offer an alternative or substitute framework, in the absence of such an attachment for children, and that this may help children, such as Lucy and Lennox, to survive and, in some cases, to thrive and flourish.

A fundamental tenet of The Place2Be theoretical model is an understanding of attachment theory, and an attempt to provide a reparative experience of adult and child attachment, through the provision of a safe and consistent counselling relationship. There is a large body of research which supports the notion that secure attachments to a primary-care-giver are fundamental for optimal child development.

Insecurely attached children will often have an array of difficulties, with characteristics of insecure, ambivalent and avoidant attachment patterns, and this has been revealed by the two case studies of Lucy and Lennox.

The Place2Be attempts to provide a secure base for many of these children, and to provide a stable relationship with a least one positive adult influence, which can enhance a child's resilience, and attempt to repair the attachment rupture. As many of the head teachers, teachers, and school project managers attest, this can help stabilise many troubled children, to enable them to return to the educational environment, in the classroom, and focus on the key tasks in educational engagement and achievement.

Providing a good therapeutic attachment can have a compensatory effect, for many children, and encourage them to develop empathy, self-management, self-soothing and self-regulation. This is a key task, to enable children to understand boundaries and keep within them, turn to others the support when in distress, and be brave, and know that “you can solve your problems”. Whilst in a stable home environment, this emotional regulation is provided by parents and secure attachment figures, and enhanced and developed by the school system and the education process, I have sought to reveal that school-based therapy can provide the “container”, which can enable children to process their distress and anger, and “keep calm and carry on”.

This final project has also sought to show that the constellated disadvantage that children experience, in many inner-city areas, also threatens to overwhelm their parents’ coping mechanisms and capacity, as parents and mentors. Stigma and a fear of being judged, blamed or “reported to social services”, is deeply threatening to parents, in many inner-city communities, and this is exacerbated by cultural and class factors, and anxieties, in newly arrived refugee communities. By basing the mental health service in the normative environment of a school, children and parents can access therapeutic support, insight and the possibility of a renewed partnership with school professionals and educational goals. Many of the children and families, in this study, are very often seen as having problems that are too complex, too sedimented and intractable to reach, and the “hard to reach child” is the child with the greatest risks of all. Children's conduct problems and behaviour need to be understood by the school system, in order to tolerate and engage with the child who is “hard to reach”. As the case of Lennox demonstrates, his symptoms and behaviour can be understood as a dramatic response to dramatic adversity.

It is clear, from the head teacher interviews, that the vision, values and beliefs of head teachers are critical, in the partnership with The Place2Be, in promoting emotional and social competence and well-being, for children in their schools. Teaching is more challenging than ever, and there are so many demands on teachers, that they need the support of a “team around the teacher”, just as The Place2Be is a part of the “team around the child”.

This final project has suggested that children who can be helped to understand their life story, through a counselling intervention, in order to see meaning and significance, and accorded precious time and respect by a therapist, can find the strength and resilience to manage their own emotional states and conduct, in the classroom or playground. Developing an internal and external locus of control, the promotion of empathy for others, and a positive regard of an adult therapist, can be learned and integrated, through consistent attention. School embedded therapy may help to develop self-esteem, and the resilience, that comes from the “everyday magic” of ordinary and extraordinary normative human resources, in a therapeutic contact.

As much research has suggested, the quality of the therapeutic relationship is a critical factor. The interviews with the school project managers and head teachers suggest that the “ordinary magic” and passion of therapeutic engagement has to be founded in a tough and strong-minded pragmatism, if parental consent is to be achieved. Ambivalence, anxiety and numerous missed appointments are expected and, indeed, are part of the everyday experience of Place2Be school project managers, in the inner-city. I was tempted to title this final project “The Therapist in the Rain”, because the quiet and determined capacity to understand, respect and work with the “hard to reach” parent is crucial in achieving consent for therapeutic work in Place2Be schools. For most school project managers, waiting in the rain, on a wet morning, to attempt to engage a parent who has already “missed” five appointments and is avoiding you, is a testament to the resilience and understanding of some extraordinary individuals.

It is simply not possible to be a therapeutic “mole”, in a warm and dry therapy room, and wait for the parent to arrive, and engage with the written consent, and Goodman Strengths and Difficulties Questionnaires. In all the interviews with school project managers and the ten members of the co-operative inquiry group, over four years, I do not recall a single complaint about this necessity to be determined and resilient, as a school-based mental health professional. Further to this, the possibility of “professional injury”, when teachers are avoidant or dismissive of therapy, is a normal experience of the school counsellor, until you are

“accepted” and valued as a part of the school team, which can be a minimum of one or two years.

The tough pragmatism is also revealed in the understanding and practice of looking “ordinary” and “speaking in an ordinary way” about children's mental health, to parents, teachers and children. Newly arrived cultures are often suspicious of external professionals, and the capacity to be professional, and yet be accessible and “acceptable” to parents and the local community, has been revealed by the study.

This study has suggested that embedded school-based therapy can ameliorate mental health problems. For most children and young people, the constellated disadvantage of poverty and poor housing, insecure attachments and adult relationship dynamics mean that they will not simply “grow out of it”. Rather, the mental and emotional difficulties, in primary school, mark the early stage of difficulties that continue well into adult life. Three quarters of adults with mental health disorders had one in childhood, and research suggests that disorders with onset, in childhood, have much more serious adult consequences, than later onset conditions.

Although the “ordinary magic” may be experienced in the dedicated Place2Be therapy room, it is also in being part of the school system and a key player in the “team around the child”. Head teachers and parents, in this dissertation, have shown that team working and supporting teachers in their thinking about a troubled child are a valuable contribution by The Place2Be.

The Place2Be provides intensive and targeted support for specific children at risk, as well as universal approaches, such as The Place2Talk, for the whole school population. Promoting the good mental health, self-confidence and social competence of the whole school population can give children strategies for coping, and enable them to learn “emotional intelligence”, to cope with stress in life. A sense of helplessness and worthlessness can lead children and adults to behave as if they are unable to withstand and reframe adversity and, thus, succumb to depression and sabotaging behaviour.

As the cases of Lennox and Lucy demonstrate, strengthening and supporting child-carer relationships can have a significant impact on a child's situation; also, building attachment, promoting communication, emotional expression, and responsibility, can have a positive impact on the parent-child relationship.

The co-operative inquiry group has played an important part in ensuring that I have steered a critical and ethical path, in my research. On a practical level, the group supported me to design the questionnaires and interview format of the interviews, with parents, children and head teachers, and reflect on the data and conclusions from these interviews. I experienced the group to be my fiercest critics, but also my strongest supporters. There was a clear commitment to emotional honesty in the group and experiential inquiry, relating to the products of the doctoral research. I found the collaborations of the co-operative inquiry group to be a form of “continuous viva”, which I feel has supported my emotional journey, through from emotional reticence and ambivalence, to emotional honesty and courage. I really do feel that I have been helped “to walk through the flames” by the group, such that I have reconnected with the reasons I have remained in The Place2Be, for fourteen years. Although the challenge and criticism of the group was daunting, initially, I realise that I have been able to access my reflexivity, through the emotional honesty of the co-operative group experience.

With reference to the research title, a Place2Be survey revealed ninety-five per cent of head teachers “strongly agreed” that The Place2Be improved their school environment.

“We have a number of children who emotional needs are beyond the ordinary expertise of the teacher’s and whose behaviour impeded their progress – and the progress of other. Helping them helps all the children in the school.”

(Head teacher comment, Croydon)

In the same survey:

- 72% strongly agreed or agreed (40%) that the service improved children's learning outcomes;
- 96% of head teachers would recommend The Place2Be to others;
- 96% reported that staff benefitted from discussing particular children with the school project manager; and
- 85% stated that they would stop using the service, if it was no longer school-based.

(Head teacher survey, 2010, The Place2Be)

The grounded theory analysis of six head teachers and six school project managers also revealed The Place2Be has considerable impact on the school environment. The Place2Think provided psychological consultation for teachers, to enable them to interpret, understand and tolerate children's challenging and sometimes inexplicable behaviour. In the light of teachers' experience of change in the child, the "naïve curiosity" of the dialogue, and the strategies for the "team around the child", helped to support teachers and learning support assistants. The Place2Be provided "strategies for coping", which head teachers felt calmed the challenges of both the classroom and aggression, in the playground. Head teachers reported that the school project manager was a trusted member of their team, who was immediately available and offered a different perspective on understanding and managing the behaviour of a complex child, with multiple needs. The lowering of disruption and aggression was noted by the majority of the head teachers and was consequently highly valued. As one participant noted, "my teachers can now teach" (Head teacher, Greenwich). Lower rates of fixed-term exclusion were noted by head teachers, with fewer "incidents" of aggression in the behaviour log book, which was monitored by the head and deputy head teachers. The school environment was also improved, with head teachers reporting that emotional literacy, emotional well-being and therapeutic ethos was increasingly part of their school culture, as Place2Be had an impact on staff attitudes, to some acting out and challenging children and children who were vulnerable, bullied, excluded from friendships, withdrawn, depressed or disengaged with education tasks and attainment. It was

noticeable that one head teacher tracked the cohort of Place2Be children receiving long-term interventions and found that they all had improved literacy, maths and learning scores. This would be an interesting study to track, i.e. whether children's educational attainment could be improved, across all Place2be schools, in a time of anxiety about school failure, for vulnerable children and adolescents.

Head teachers also felt that The Place2Be enhanced relations between schools and parents:

“...parents more readily accept support from the school now, rather than seeing the school as a threat.”

(Head teacher, Greenwich)

The interviews with the head teachers revealed the “quiet tenacity” and relative “luxury” of confidential meetings with parents, for therapeutic assessment of children who had been referred. Frequently, the school project manager was able to understand and share with the school, a new and unknown perspective on a child's home situation, which ranged from marital discord, or domestic abuse, to the disclosure that the parent had a terminal illness, or severe mental health problems. Many problems were able to be revealed and contribute in a positive way, to helping the school with child protection and safe-guarding strategies.

Both school project managers and head teachers, in this study, were well aware of the pressure of poverty and deprivation on children and parents and, consequently, on the school environment. This thesis has sought to reveal that a therapeutic school service can ameliorate children's distress, by the provision of a high quality, intensive therapeutic support, which is available to all the children, in the school.

Although children with significant distress could easily be identified by teachers and the SENCO, the service could also respond with immediacy to the “ordinary catastrophe” of sudden and changed circumstances for a child. Divorce, conflict, the rejection of friendship, bullying, the new arrival of a parent's partner, or a new baby, could all place significant pressure on children, whose behaviour could be observed, in the school.

The systemic menu of The Place2Be model was deemed by both therapists and head teachers, to encourage emotional intelligence and well-being, and develop resilience and empathy for individual children and the whole school.

I also reflect that the journey, through the five years of this doctorate, has identified and given voice to my passion as a novice researcher, as an advocate for early intervention for child mental health, and my identity as a therapist. I am aware that the Latin root of passion is “patior” (to suffer), which is the shadow and deeply felt experience of this doctorate. Passion in the face of adversity has been a felt experience, particularly when I have had papers from this doctorate referred back to me for additional work, prior to re-submission. In each case, I have experienced fear, shame and the suffering which is an inevitable companion to the passion of the enterprise of the doctoral experience. I have reflected that, every time my submission was rejected, I was able to reflect and learn, and through the experience render a better product and a more truthful “nuanced” voice.

I sought to reveal the impact on child mental health, through the case studies and the triangulated interviews with the parents and teachers of “Lennox” and “Lucy”, as well as giving space to the voices and experience of the two children.

The Place2Be has, perhaps, emerged as an early intervention service, to arrest the development of more serious problems. To support the title of this research, I will refer to the first three recommendations of the Allen 2011 report, Early Intervention: The Next Steps.

- “I recommend that the nation should be more aware of the enormous benefits to individuals, families and society of Early Intervention – a policy approach designed to build the essential social emotional bedrock in children...
- I recommend that the nation should recognise that influencing social and emotional capability becomes harder and more expensive the later it is attempted, and more likely to fail.

- I recommend a re-balancing of the current culture of “late reaction” to social problems towards an early intervention culture...”

(Allen, 2011 p.xiv)

Further to Allen’s report, New Philanthropy Capital has reported on its research into children’s mental health:

- “Chaotic families: 140,000 families with multiple problems, such as substance abuse, worklessness and poor health costs society around £12bn a year in health and social services. Children growing up in such families are severely disadvantaged in term of educational attainment, life skills and future prospects.
- Children with conduct problems are more likely to drop out of school, and engage in criminal activity as teenagers.
- 80% of crime is committed by adults who had conduct problems as children. Around 1.3 million young people in the UK have serious problems with behaviour, but only a minority get the right support to overcome their difficulties.”

(Barclays Wealth and New Philanthropy Capital, 2011 p.16)

As I was reflecting on the transformative experience of undertaking this doctorate, I read a fascinating paper in the research journal of the BACP, about the experiences of students undertaking a practitioner doctorate in counselling. The author uses a thematic analysis method and develops the concept of a thematic map, with an overarching theme of “therapeutic edge” and four sub-themes: (i) Passion; (ii) Expectation; (iii) Voice; and (iv) Personal Development (Silvester, 2011).

Silvester uses the metaphor of the Tardis from Dr Who (a popular science fiction programme) to describe the experiences of the doctoral students:

“Seeing the Tardis for the first time, which appears to be a relatively innocuous blue police box. However, once inside, (once the course begins), the reality bears no comparison with the expectation. It is vast

beyond understanding, and challenges the assumptions and comprehensions of the mind, in ways previously unimaginable.”

(Silvester, 2011 p.179)

I love this metaphor of the Tardis, as it resonates with my experience of the doctoral journey, at Metanoia and Middlesex University.

Although, initially, the research challenge seminars, in the first year of my doctorate, prepared me for the passion, tenacity and pragmatism I would require to complete the research journey, I was not prepared for the narrative of personal transformation and the experience of feeling my work at The Place2Be through the experiences of my research “companions” and participants. As Silvester observes, once you have stepped inside the Tardis, you are never quite the same again.

In my review of the professional knowledge seminars, I wrote that the experience of the doctoral journey was like “walking through treacle with a monkey on my back”. He has not been a friendly and supportive monkey, but rather a critical and sabotaging monkey, who has doubted my ability to prevail and complete the doctoral journey. I believe that the co-operative inquiry group helped me tame and accept my critical monkey, and has enabled me to move from the morass of treacle to dry land. The critical reflections of the group have enabled me to value the emotional experience of reflexivity, and my own motivation for beginning this doctoral journey. If most therapists are “wounded helpers”, then I can certainly admit to my experience of the “wounded researcher”, and how valuable this has become to me.

In my learning agreement for this dissertation, I described how the focus group for my initial research recommended that I “took risks”, in my research, and I feel the co-operative inquiry group has supported me in my risk taking, as I have been able to be more revealing of self.

The impact of the study has already been affected, before submission and viva. As a result of my research, I have been able to engage with the media to promote the

importance of school- based mental health and reaching “hard to reach” children, in the inner city:

- Interview with David Cohen of the Evening Standard, in November 2010, on children’s mental health and the impact of poverty; The Place2Be was subsequently selected to be in the Evening Standard Campaign for the Dispossessed, (raised £10,000).
- Lecture to the Man Group, June 2011, on children’s mental health and early intervention.
- Interview with Children and Society Now Magazine, August 2011, on children’s mental health, and links with riots and disturbances in the inner cities.
- Lecture / presentation to Nomura Bank, June 2011, to address the importance of early intervention, with one case study and products from this dissertation.
- Consultation and advice to the producer of “Waterloo Road”, BBC 1 (Shed Productions), on knife crime and gang culture for the plot and themes for the television series.
- Presentation to the Centre for Social Justice on children’s mental health (2011).
- Policy paper written, June 2011, on “working with hard to reach children and parents”.
- Research data supplied to application for LDAAT funding to support children whose parents are alcohol or substance misusers (August 2011).
- Executive summary of this thesis will be written for the Research and Advisory Group (January 2012) and trustees of The Place2Be (February 2012).
- I am currently piloting a Place2Think consultancy for staff, in a new school, in Wandsworth, to address “hard to reach” children, at risk (October 2011).

8.5 Future Impact

- conferences on children's mental health and education; plans to undertake presentations, lectures and seminars;
- presentation at the Oxford symposium on Children's Mental Health, Brasenose College, August 6th 2012;
- The Place to Reflect: Seminar on the implications of the Thesis (120 Place2Be therapists and staff);
- 2 papers to be published from this final project;
- working with Head of Communications to engage with journalists and the media, to promote school-based mental health; and
- development of key trainings, with the training department, on risk and resilience factors in children's mental health.

I hope this final project has walked the line between offering an account of a school-based mental health service, which shows the “how” and “why” it is important to offer therapeutic services to children, and support parents and teachers, and the personal and reflexive journey of myself, as senior manager, in The Place2be, and a researcher, experiencing the “fear and trembling” of the doctoral journey.

I have learnt that the task of reaching “hard to reach” children requires an enormous reservoir of skill and quiet tenacity, but with passion and pragmatism, and the ability to “become a therapist in the rain”.

Word Count 49764

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Appendices

Appendix i: School Project Manager Consent Letter

12th August 2008

Dear

I am writing to you to request your involvement in a Doctoral research project to consider the impact, benefits and barriers to the provision of child mental health in primary schools.

I intend to interview six senior school project managers in Southwark who have worked for the Place2Be for a minimum of two years. Your participation is voluntary and would involve your attendance at a semi-structured interview of one hour, which would be recorded on a tape machine. All the responses would be entirely confidential and anonymous and you would not be identified in the final research paper.

I would wish to interview in the first three weeks of September and therefore if you would be able to take part in the research project, I would ask you to sign the consent slip below and to contact me on 07958-952620 for a one hour interview at your school. If you are not comfortable with the interview on school premises, I would be happy to book a room at Angel Gate.

On completion of the research project I would be pleased to present the initial findings to you all as a group at Southwark shared learning.

If you require any further information please do not hesitate to contact me.

Yours truly

Stephen Adams-Langley
Regional Manager

I do / do not [please delete] consent to be interviewed for the purpose of a research project on school-based mental health.

Name..... Date.....

Appendix ii: Participant Data School Project Manager

Participant	Gender	Age	Years of Practice School Project Manager Place2Be	Previous Role Professional Experience	Theoretical Orientation
1	Female	49	7	Social worker	Person centred
2	Female	36	4	Psychotherapist	Psychodynamic
3	Female	42	3	Teaching assistant	Integrative
4	Female	39	6	Refuge worker	Person centred / Humanistic
5	Female	40	3	Teacher	Art Psychotherapist / Psychodynamic
6	Female	43	4	Lawyer	Existential

Appendix iii: Consent Letter for Focus Group

Enabling therapeutic and emotional support to children in schools



The Place2Be, 13/14 Angel Gate, 326 City Road, London EC1V 2PT
Tel: 020 7923 5500 Fax: 020 7833 8083 www.theplace2be.org.uk

Southwark Hub

Dear Colleagues

I am writing to you to request your involvement in a further stage of a Doctoral Practice Evaluation Paper. I interviewed six Senior Southwark School Project Managers in the autumn term 2008 and interviewed each SPM for an hour in a semi-structured interview format which I recorded.

I have sent you all the initial paper which employed grounded theory (Strauss & Corbin, 2008) as a research methodology which allows theory to emerge from the data and which is explored in the paper I sent you all two weeks ago. I will meet you all as a group on 8th July at 10am till 11.15am and am writing to request your involvement in a further stage of the evaluation.

I would ask you to consider the data and evaluation in the PEP as a **first stage** and I would welcome your responses and experience of this paper and your experience of the interview. What are your responses to the first draft? What are the implications for clinical practice and your training needs? Is there anything that surprises you in this first draft or that you wish to challenge or question? What was the emotional / sensory impact of the interview and how did you experience me as a researcher interviewing you and yet having a managerial role in the organisation? I would welcome your responses and consensus to this lived research experience.

I will record the group interview on 8th July and then subject the data to a further analysis which will influence the meaning of this exercise and the findings and conclusions. All responses will be entirely confidential and anonymous and you will not be identified in the final research paper.

If you require any further information do not hesitate to contact me.

Yours sincerely

Stephen Adams-Langley
Regional Manager

.....
.....

I do / do not (please delete) consent to be interviewed in Southwark Shared Learning on 8th July 2009 for the purpose of a research project on school-based mental health.

Name.....

Date.....

Appendix iv: Grounded Theory Analysis: Themes and Units

Categories and sub-categories resulting from the grounded theory analysis of interviews with six participants

	No. of respondents	No. of meaning units
Category 1		
Mental health Needs of children and parents		
Bi-polar parents	2	4
Temporary housing	3	7
Small flats	4	5
Violent abusive men	5	6
Bad Mondays	3	4
Parents in hiding	1	1
Sink council estates	4	7
Child protection issues	6	9
Abuse / harsh physical chastisement	6	6
Immigration status	3	4
Mobility	5	7
Child on school roof	1	1
Socio-economic deprivation	6	6
Category 2		
Hard to reach children – risk of exclusion		
Captive audience	6	7
Exclusion	5	5
Conduct disorder	4	9
Acting out (aggressive behaviour)	4	4
Autistic spectrum	5	2
High risk for boys	4	4
Fear of criminality	4	8
Parents negative memories of own childhood	5	5
Where were you?	1	2
Come in for a chat	2	3
Special needs children	2	3
ADHD	4	4
Category 3		
Accessibility of Place2Be model		
Being ordinary	6	6
Inclusive model	6	8
Language	5	5
Description of service to parents	4	5
LSAs as advocates	3	6
No blame	6	7
Tenacity with parents	5	6
Missed appointments	5	5
Fear and stigma	6	12
Parent ambivalence	6	15

Category 4**Barriers to efficacy of mental health model**

Swamped-fear	4	4
Size of model	5	8
Saying no to children	1	2
Pressure of time	3	9
Pressure of paperwork	2	8
Sabotaging teachers	3	5
Cultural issues	6	6
Parents fear of blame	6	8
Chaotic lives of parents	5	5
Parent isolation	3	4
English as second language	4	6
CAMHS – long waiting lists	4	7
Consistency	6	5
Parental ambivalence	6	3
Damaged attachments	5	4
Open listening attitude	4	7

Category 5**Characteristics of therapist**

Core conditions - Rogers	4	5
External agencies	3	6
Collaboration / joint working	4	3
Calm reliable	6	4
Consistent secure place	5	9
Look of SPM	2	4
Clothes of SPM	4	4
Letting child be	2	4
Curiosity with parents	3	3
Non-directive space	2	9
Common language with parents	5	6
CAMHS barriers	6	6

Category 6**Measuring impact of therapeutic interventions**

SATS results	3	5
Goodman SDQs and impact score	5	5
Behaviour shift	6	6
Little shifts	4	4
Classroom observation	4	7
Accessibility is a myth	1	1
Teachers' value of service	4	5
Containing escalation	5	4
Pressure on teachers	5	4

Category 7**Strength of The Place2Be mental health model**

Universal / targeted	5	5
Place2Talk drop-in	3	4
Clinical assessment	6	6
Unchanging rooms as container	4	5
Immediate referral	5	5
Inclusive / systemic	5	5
Children not seen in isolation	4	6
Shared alliance	5	5
Common language with parents	5	6
Long-term work	4	5

Appendix v: Ethical Permission For Research From Research Advisory Group

July 15th 2010

Dear Sir / Madam

I am writing in response to a request from Stephen Adams-Langley a doctoral candidate on the D.Psych programme at Metanoia Institute who intends to approach the Metanoia Research Ethics Committee for ethical approval for his research.

Mr Adams-Langley is employed by The Place2Be as a Regional Manager and he has been employed by the charity for the last twelve years.

Mr Adams-Langley has sent the members of The Place2Be Research Advisory Group the Learning Agreement which has been approved by the Metanoia Institute and slides of his oral presentation.

He presented his proposal to continue on Part Two of the doctoral programme to the Research Advisory Group on the 23rd June 2010. Minutes were taken and are included as an attachment to Mr Adams-Langley's submission for ethical approval.

The Research Advisory Group is aware of Mr Adams-Langley's Doctoral Research and his intention to interview six head teachers and conduct two in depth case studies, which will involve interviewing two Place2Be children and their parents / carers. We are also aware that products of this research will be disseminated to a Place2Be collaborative inquiry group.

We are in support of this Doctoral Research which we anticipate will provide data and valuable insights into school-based mental health and The Place2Be model of mental health.

If you require any further information regarding Mr Adams-Langley's Research proposal please do not hesitate to contact me.

Yours sincerely

Gregor Henderson
Chair Research Advisory Group

Appendix vi: Statement To Metanoia Research Ethics Committee

Statement to the Metanoia Research Ethics Committee

S. J. Adams-Langley D.Psych candidate cohort 10
September 1st 2010.

My research methods have been approved in my learning agreement 2010. I intend to undertake the following research following ethical approval:

- interview six head teachers (Grounded theory Strauss and Corbin 1994);
- establish a co-operative enquiry group (Heron, 1971; Reason, 1994); ten participant senior Place2Be school project managers;
- undertake two child case studies (Yin 1983).

I would hope to gain ethical approval and begin interviews winter 2010-2011 with head teachers, and child participant's spring / summer 2011.

Child participant research

The Place2Be utilises the Goodman strengths and difficulties questionnaire, before and after a one-to-one counselling intervention, to assess the impact of the work. However, what is not known is what the child and their parent think and feel about their Place2Be therapeutic experience. Also this research study will seek to identify two children with several risk factors for mental ill-health or distress and who may fall into the category of "hard to reach", due to their situation at home with their parents / carers. This will require a sensitive and ethical approach, and I am cognisant that I wish the children and their parents to enjoy and value their experience, and gain insights or knowledge from their participation. I want to research with the child and their parent, rather than obtain data or information from them and declined to share research conclusions. Therefore, I shall undertake to meet with the child and parent, following their participation to consider how the research may benefit the child and parent, in the future

I am seeking to obtain a fuller picture through this qualitative study of the child and parent, in The Place2Be intervention.

The child interviews

I am planning to conduct semi-structured interviews with two children in a long-term therapeutic intervention with The Place2Be and will digitally record the interviews. I shall delete the tapes, as soon as they have been transcribed. Due to this requirement, I would anticipate that the two children will be in years five or six (10 or 11 years of age). The children will be invited to talk, but also employ toys or art materials in The Place2Be room. Since this equipment is the standard Place2Be

material, the risk of injury is very small, and would be covered by The Place2Be health and safety policy.

Should the child participants produce artwork or materials or models, I shall ask their permission to photograph any images they make, to reproduce these images in the final dissertation.

I shall invite them to keep the original image or model. I intend to analyse the images to consider themes or sub-themes which emerge and ask the child for their own interpretation of their image.

I am aware that, in order to encourage the children to talk to me, I shall need to make a relationship with them and a contract about the two sessions. This will require some counselling skills and sensitivity on my part, and the support of The Place2Be school project manager.

As I have stated in the ethical consent letter, I will emphasise that they can stop the interview or withdraw, at any time, without anxiety or fear of consequence. The interview will be boundaried and structured and is concerned, specifically, with their experience of counselling, rather than problems or reasons for their referral to The Place2Be. The questions in the interview are such that few personal details are elicited. Due to this, the risk of making the children feel more vulnerable should be small.

I have an enhanced CRB clearance which I shall submit to the head teacher and parent, together with participant information sheets and consent letters.

Due to an ethical regard for the children and their parents, I do not intend to publish the case studies in an external journal or publication.

The co-operative enquiry group will support me to plan for the interviews with head teachers, parents and children.

Representative questions for the child participants may include:

- What can you remember about coming to The Place2Be room, when you started?
- Whose idea was it for you to come and why?
- Before you came, what did you think it would be like coming to Place2Be?
- What kinds of things do you do in there?
- What are the best things about coming to The Place2Be?
- What are the worst things?
- What is your counsellor like?
- How would things have been different if you had not come to The Place2Be?
- Would you like to make a picture of your time / experience of The Place2Be / your counsellor, yourself, before and after Place2Be?

Appendix vii: Participant Information Sheet For Head Teachers

Participant information sheet: head teachers

You are being invited to take part in a research doctoral research study and I am requesting your involvement. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

“The Place2Be in the inner-city primary school: How can a voluntary sector mental health service have an impact on children's mental health and the school environment?”

The aim of this study is to demonstrate the value and effectiveness of The Place2Be to children, their parents and the school. The length of the study is five years and I am in year four and I am looking to interview six head teachers in inner city primary schools.

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

I would like to meet with you for one hour to explore your experience of The Place2Be service in your school. The interview will be recorded on a tape machine which I will analyse following the completion of the head teacher interviews. This information will be kept strictly confidential and any information about you or your school which is used will be anonymous and neither your name nor your school's name will be recognised from it.

The intended benefit is to demonstrate the value of a school-based counselling service such as The Place2Be and may help The Place2Be to expand its services to other schools in the United Kingdom.

I would hope this study may help you understand the value of emotional support to your school community by The Place2Be and I will be happy to share my findings with you when I have written it up. The results of the research will be written up in the form of a doctoral dissertation looking at all aspects of the impact of The Place2Be from the position of parents, children, head teachers and school project managers. The study once accepted will be kept in the library at Middlesex University and Metanoia. I intend to publish the data or findings in the study in an external publication.

The research ethics committee which has reviewed this study is the Metanoia Research Ethics Committee.

Data protection

The Place2be and this research project shall comply with the Data Protection Act 1998 and all other applicable laws and regulations in relation to data protection and The Place2be shall only use the personal data in the provision of the services pursuant to this agreement.

Nikhil Naag is the data monitoring officer in The Place2Be.

nikhil.naag@theplace2be.org.uk

Stephen Adams-Langley is the doctoral research student conducting this study.

s.adams-langley@theplace2be.org.uk

Work telephone number: 07912097403

The Place2Be, 13 / 14 Angel Gate, City Road, London EC1V 2PT. Telephone: 02079235529

Supervisor for this research: Dr. Sofie Bager-Charlson, c/o Metanoia, 13 North Common Road, Ealing W5 2QB. Telephone: 02085792505.

Appendix viii: Participant Consent Letter For Head Teachers

October 2010

Dear (insert name of head teacher)

I am writing to you to ask for your help and participation in a doctoral research project entitled “The Place2Be in the inner-city primary school: How can a voluntary sector mental health service have an impact on children's mental health and the school environment?” As you have The Place2Be in your school, I would value your views on the experience of the service and what benefits The Place2Be is providing to the children, parents, teaching staff and school community.

I would wish to interview you for one hour which I will tape and later transcribe. I intend to interview six head teachers in inner London and following transcription, use a grounded theory methodology (Strauss and Corbin, 1998) to analyse the data. Your contribution will be absolutely confidential and you will not be identified.

I enclosed a participation information sheet with additional information.

On completion of the written paper I will send you a copy of the completed analysis and would be happy to meet with you for further discussion.

If you require any further information, please do not hesitate to contact me.

Yours sincerely

S. J. Adams Langley

Regional Manager

s.adams-langley@theplace2be.org.uk

Telephone number: 07912 097403

Appendix ix: Information For Co-operative Inquiry Group

Co-operative enquiry (Heron 1971/1996 Reason 1994)

Research into the human condition

- each person is co-subject and co-researcher in the reflection phase;
- possibility of reciprocal participative knowing;
- participative decision-making and reflectivity;
- knowing is mutual awakening - mutual participative awareness;
- recent work on emotional intelligence (Goleman, 1995) shows that effective choice is rooted in emotional values;
- co-operative enquiry does research **with** people, not on them;
- content and method are reflected upon by all research participants in the group;
- the full range of human sensibilities is available as an instrument of enquiry;
- the researchers account of the subjects' perspectives is validated and checked with the subjects themselves.

First reflection phase

- topic of the enquiry and launching statement;
- interviewing six head teachers on the value of The Place2Be and the impact of the school-based mental health service, in their school;
- scope of the interview;
- areas of enquiry;
- contract with the group;
- collaboration - data recorded written up and sent to all members of group, in advance;
- shared learning will comprise four to six meetings of one hour;
- this will be recorded on a tape machine and analysed by researcher (SAL);
- objectivity is a figment of our minds (Reason, 1994);
- the validity of our encounter with experience rests on high-quality, critical, self-aware, discriminating and informed judgements of the co-researchers (Reason, 1981);
- vulnerability of openness can lead to experiential enquiry based on integrity and critical subjectivity;
- co-operative enquiry is an emergent process.

For whom is this research?

- The Place2Be;
- advance the argument for school-based mental health;
- research and advisory group;
- Place2Reflect;
- co-operative enquiry - group mutual participation - insight and growth – awareness;
- policies and procedures to train and support new colleagues, in new schools and new hubs.

My role within the group

- to facilitate questions, ideas and propositions about the enquiry and focus of research;
- to facilitate process and content of enquiry, by taping all the meetings and analysing content, writing up and presenting content back to the group, for further reflection and challenge;
- to support the group in expressing intuitive and tacit knowing and facilitating propositional knowledge.

If you have a question or query that you feel would be difficult to raise with me, you can speak to Gregor Henderson, Chair of the Research and Advisory Group. Telephone: 07973538837.

Appendix x: Consent Letter For Co-operative Inquiry Group

1st September 2010

Dear Colleagues,

Thank you for your agreement to participate in a co-operative enquiry group to consider the following topic in a doctoral research study.

“The Place2Be in the inner city primary school: How can a voluntary sector mental health service have an impact on children's mental health and the school environment?”

An information sheet about co-operative enquiry (Heron, 1971; Reason, 1994) is attached to this letter to explain the research method and introduce some key ideas.

Ethical research is undertaken with people, not on them, and for such an important research into school-based child mental health, I believe the quality and impact of the doctoral research dissertation and products will be considerably enhanced and more truthful and interesting to read with the co-operation of the group. I would value your insights and ideas in the course of several meetings over the next 12 months at Victory Primary School. Our first meeting has been arranged for the at 9:30 a.m. for one hour. I will tape and then transcribe the responses of the group which will help to consider the interviews with head teachers and children and parent involvement in the research.

All responses will be entirely confidential and anonymous, and you or your contribution will not be identified in the final paper.

I do intend to publish products of this doctoral research with the exception of the two child case studies which I feel would be unethical and uncomfortable.

I look forward to meeting you with you all and introducing the principles and practice of co-operative enquiry.

Yours sincerely

S. J. Adams-Langley Regional Manager

I do / do not consent to be part of a co-operative enquiry group for the purpose of the doctoral research study.

Name..... Date.....

Appendix xi: Consent for Child Case Study from Head Teachers

October 2010

Dear (insert name of head teacher)

I am writing to you to request your permission to interview a child and parent in your school who is in a Place2Be intervention. I am undertaking a doctoral research project.

“The Place2Be in the inner city Primary school: How can a voluntary sector mental health service have an impact on children’s mental health and the school environment?”

I enclose an information sheet about the research and I will be happy to answer any questions you may have.

I have the full enhanced CRB verification which I attach to this request.

I plan to request written permission from the child and their parent to interview the child for two sessions in The Place2Be room for a case study. The Place2Be school project manager placed in your school will assist me with room availability and introduction to the child and parent.

The interviews will be two fifty minute hours in The Place2Be room and I will tape the child’s responses and invite the child to use art and play materials should they wish to communicate through these media. The child’s responses will be confidential and anonymous and they will not be identified. The case studies will not be published in an external publication. If you have a question or query that you feel would be difficult to raise with me, you can speak to Gregor Henderson, Chair of the Research and Advisory Group, Telephone: 07973538837.

Yours sincerely

S. J. Adams-Langley

I do / do not give consent for (insert name of child) to be interviewed for the purpose of a doctoral research project on children’s mental health and The Place2Be.

Name:

Date:

Appendix xii: Enhanced CRB Clearance

Enhanced Disclosure
Page 1 of 2

Disclosure

<p>Applicant Personal Details</p> <p>Name: ADAMS LANGLEY</p> <p>Forename: STEPHEN JOHN</p> <p>Other names: ADAMS LANGLEY, STEPHEN JOHN</p> <p>Date of Birth: 11 APRIL 1958</p> <p>Place of Birth: RUGBY ROAD, SSBX</p> <p>Gender: MALE</p>	<p>Disclosure Number 001226735042</p> <p>Date of Issue: 19 FEBRUARY 2009</p> <p>Employment Details</p> <p>Position applied for: REGIONAL MANAGER</p> <p>Name of Employer: THE PLACES 255</p> <p>Counter-signatory Details</p> <p>Registered Examinable: THE PLACES 255</p> <p>Counter-signatory: SAMAT LAMIN</p>
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Police Records of Convictions, Cautions, Reprimands and Final Warnings NONE RECORDED
Information from the list held under Section 142 of the Education Act 2002 NONE RECORDED
Protection of Children Act List Information NONE RECORDED
Protection of Vulnerable Adults List Information NOT REQUESTED
Other relevant information disclosed at the Chief Police Officer(s) discretion NONE RECORDED

Enhanced Disclosure
This document is an Enhanced Criminal Records Certificate with the meaning of sections 113d and 115 of the Police Act 1997

Continued on page 2

THIS DISCLOSURE IS NOT EVIDENCE OF IDENTITY

© Criminal Records Bureau, PO Box 155, Liverpool, L69 3B2. Helpline: 0870 93 98 844

Appendix xiii: Participant Information Sheet For Parents

Participant information sheet: parents

You are being invited to take part in a research study and I am requesting the involvement of your child who is in a Place2be intervention. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

“The Place2Be in the inner-city primary school: How can a voluntary sector mental health service have an impact on children's mental health and the school environment?”

The aim of this study is to demonstrate the value and effectiveness of The Place2Be to children, their parents and the school. The length of the study is five years and I am in year four and looking to involve two Place2Be children and their parents. You have been approached following a recommendation by The Place2Be school project manager (name of SPM.....).

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. A copy of this will be given to you to keep. If you decide to take part, you are still free to withdraw at any time, and without giving a reason.

A decision to withdraw at any time, or a decision not to take part, will not affect the standard of care you or your child will receive.

If you do consent for your child to take part, I would like to meet with him / her for two 40 minute sessions in a school term to explore his / her experience of The Place2Be support. His / her participation would be voluntary and would be recorded on a tape machine, and we would use play and art materials in The Place2Be room. This information will be kept strictly confidential and any information about you or your child which is used will have your name or your child's name removed, so you cannot be recognised from it.

The intended benefit is to demonstrate the value of a school-based counselling service such as The Place2Be, and may help The Place2Be to expand its services to other schools in the United Kingdom.

I would hope this study may help you understand the value of emotional support to you and your child by The Place2Be and I will be happy to share my findings with you when I have written it up. The results of the research will be written up in the form of a doctoral dissertation looking at all aspects of the impact of The Place2Be from the position of parents, children, head teachers and school project managers. The study, once accepted, will be kept in the library at Middlesex University and

Metanoia. I will not publish the data or findings on the two children in the study in an external publication.

The research ethics committee which has reviewed this study is the Metanoia Research Ethics Committee.

Data protection

The Place2be and this research project shall comply with the Data Protection Act 1998 and all other applicable laws and regulations in relation to data protection and Place2be shall only use the personal data in the provision of the services pursuant to this agreement. The data will be stored for twelve months after the end of the study, and then deleted and destroyed.

Nikhil Naag is the data monitoring officer in The Place2Be.
nikhil.naag@theplace2be.org.uk

Stephen Adams-Langley is the doctoral research student conducting this study.
s.adams-langley@theplace2be.org.uk
Work Telephone number: 07912097403

The Place2Be, 13 / 14 Angel Gate, City Road, London EC1V 2PT. Telephone: 02079235529

Supervisor for this research: Dr Sofie Bager-Charlson, c/o Metanoia, 13 North Common Road, Ealing W5 2QB. Telephone: 02085792505.

Appendix xiv: Consent Letter for Parents

Parent Consent Letter

Dear (insert name of parent)

I am writing to you to request your child's involvement in a doctoral research project to consider how The Place2Be has helped and supported your child.

I am aware from The Place2Be School Project Manager that your child is receiving support in a long-term intervention and I would like to meet with him / her for two sessions to explore his / her experience of The Place2Be support.

Your child's name was selected at random from a group of ten children. The names were put in a hat and two names were pulled out and your child was one of them.

His / her support is voluntary and would involve play, art and counselling sessions which would be recorded on a tape machine. We would also use art and play materials in The Place2Be room. All responses from your child would be entirely confidential and anonymous and he / she would not be identified in the final research paper. I would also like to meet with you to discuss your experience of The Place2Be.

I wish to interview him / her in the weeks of and therefore if you would allow him / her to take part I would ask you to sign the consent slip below and return it to the School Project Manager.

On completion of the research doctorate, I would be happy to meet with you to present and discuss findings with you at your convenience. Thank you for reading this. I attach an information sheet about the research. If you have a question or query that you feel would be difficult to raise with me, you can speak to Gregor Henderson, Chair of the Research and Advisory Group, Telephone: 07973538837.

If you require any further information, please do not hesitate to contact me on telephone, number: 07912097403.

Yours sincerely

Stephen Adams-Langley
Regional Manager

I do / do not consent for my child (name)to be interviewed for the purpose of a research project on children's emotional health.

Name Date

1. I confirm that I have read and understand the information sheet datedfor the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided.
3. I understand that my interview will be taped and subsequently transcribed.
4. I agree to take part in the above study.
5. I agree that this form that bears my name and signature may be seen by a designated auditor.

	Date	Signature
Name of participant		

	Date	Signature
Name of person taking consent (if different from researcher)		

	Date	Signature
Researcher		

1 copy for participant; 1 copy for researcher.

Appendix xv: Child Consent Letter and Contract

Child Consent Letter

Dear (insert name of child)

I am writing to you to ask for your help for a research project on what you think and feel about The Place2Be. I am interested in what you like and don't like about The Place2Be and how you have found the work in The Place2Be room.

You have been selected at random from a group of ten children. The names were put in a hat and two names were pulled out and you were one of them.

As you are working with a Place2Be counsellor, I would like to meet with you for two one hour sessions in The Place2Be room to talk about your feelings about The Place2Be. I will tape what you say but this will be confidential to us and you will not be named or identified. I will have to tell someone else if you tell me that you're being hurt, and I will need to tell someone to help keep you safe.

I have written to your mum / dad to ask permission for you to take part.

Your involvement is up to you and if you do not feel happy with this, you do not need to take part. If you become unhappy you can stop at any time. It is up to you to take part.

If you do want to take part, anything you say will be **private** and **confidential** and your name will not be used in any way. If you do feel you can take part, I would be happy to meet with you on your own, or with the School Project Manager, to talk about the findings at the end.

If you have any questions please speak to (name of SPM)..... and they will let me know so I can answer them.

Best Wishes

Stephen Adams-Langley
Regional Manager

I do / do not consent to be interviewed for the purpose of a research project on children's emotional health.

NameDate

S J Adams-Langley

Doctorate in Psychotherapy by Professional Studies

Cohort 10

Submission for RAL5

120 Credits

Contents of RAL 5 Appendix

- Appendix 1: The ideal Place2Be room in primary schools.
- Appendix 2: Procedural guidelines for school project managers
- Appendix 3: The referral and assessment process.
- Appendix 4: Child protection and safeguarding policy and report form.
- Appendix 5: Child protection training for clinical staff.
- Appendix 6: Domestic abuse; PowerPoint slides and scenarios.
- Appendix 7: Child protection presentation to trustees 2009.
- Appendix 8: Guidelines on working with critical incidents.
- Appendix 9: Counsellor placement; PowerPoint presentation.
- Appendix 10: Clinical placement brochure and counsellor induction.
- Appendix 11: Ethical parent consent letter.
- Appendix 12: Guidelines for giving and receiving gifts.
- Appendix 13: Supervisor accreditation documents.
- Appendix 14: Clinical supervision skills module one and two.
- Appendix 15: Accreditation and witness statements.
- Appendix 16: Supervision at the Place2Be.
- Appendix 17: Supervision contract.
- Appendix 18: Assistant school project manager: Job description and induction.
- Appendix 19: Recommended reading list.
- Appendix 20: Transition work application.
- Appendix 21: Letter to head teachers promoting parent work 2010.
- Appendix 22: Presentation to Southwark CAMHS 2006.
- Appendix 23: Young lives today Manchester: PowerPoint presentation.
- Appendix 24: General awareness presentation.

Appendix 25: Policy on clinical note taking.

Appendix 26: Charity assessment of the Place2Be 2009.

Appendix 27: Regional management forum agenda.

Appendix 28: Agenda of the Enfield steering group.

Appendix 29: Policy on touch and physical contact.

“No society can surely be flourishing and happy, of which the far greater part of the members are poor and miserable”

Adam Smith. The Wealth of Nations (1776) Book One Chapter Eight

In this submission for a RAL5, I will endeavour to demonstrate my capability as a senior practitioner within the Place2Be, where I have worked for twelve years. During this time period, I have been required to manage enormous organisational change and challenge, develop systems, training and policies, recruit a large number of school-based therapists and managers, and develop specialist knowledge in areas in which I was a novice when I joined the charity in 1998.

I will demonstrate these competencies and capabilities with reference to a range of documents in my appendix which I have written, reviewed and redrafted several times in the past twelve years and which are now validated by the Place2Be Quality Committee which endorses or challenges written guidelines on all policies within the charity.

I am submitting this paper and appendix for one hundred and twenty credits, as I believe I demonstrate major capabilities and a significant contribution to the advancement of school based mental health in the United Kingdom. I believe this paper demonstrates the professional descriptors and standard for assessment at level five.

I will demonstrate through this paper and the appendix, my contribution to the development of the Place2Be which is a voluntary organisation and charity which provides school-based mental health to children in primary schools and secondary schools in the United Kingdom. I regard myself as a practitioner/manager striving for excellence, evidence-based practice and the development of a therapeutic culture which values listening and learning from colleague practitioners, children, parents, teachers and stakeholders I will focus on number of key areas of personal and professional contribution to this commitment to excellence;

- clinical leadership
- the promotion of systemic thinking and practice
- recruitment and induction of volunteer counsellors and paid therapist managers
- child protection and safeguarding
- promoting excellence through training to staff and volunteers
- ethical leadership and management
- writing and disseminating clinical policies and procedures
- piloting new developments; the transition work in secondary schools, assistant school project managers, promoting working with parents and shared learning
- writing and training on new training courses with particular reference to my development of the supervision training modules one and two
- speaking at conferences and presentations to a wide range of professionals
- personal and professional development through my own training and monitoring of self, through self appraisal

- reflective practice and organisational development in my role as the organisational “guinea pig” for the Place2Be
- striving for professional standards for the organisation, clarity and transparency in service delivery and the provision of a high quality mental health service to schools, children and parents.

However, when I was appointed as the London Regional Manager on the first of June 1998, there was little evidence of any of the descriptors which I have listed above, an empty filing cabinet devoid of any policies, procedures, guidance or commitment to clinical excellence

I have always been interested in children's mental health; from my own personal experience as a child which I have described in my RPPL, to my professional development as a manager of children's services in the voluntary sector. My first position at Oasis Children's Venture in 1980 had focused on the development of children's play and arts projects during school holidays and the design and establishment of a children's wildlife garden called the Alan Edwards Oasis in Stockwell, for which I was awarded the Shell Better Britain Award in 1984. After leaving Oasis I worked at Cambridge House in Talbot in Camberwell providing respite care and arts projects to children and young people with severe learning and physical disabilities in Southwark. After the completion of my five-year therapeutic training at Regent's College I obtained the position of Head of Psychotherapy Services at the London Lighthouse which provided therapeutic services to people with HIV/AIDS, including children who are HIV positive.

As my private practice developed, I began to realise that so many of my clients had issues and difficulties which originated in their experience as children at home, or in their school experience through isolation, bullying, school failure and phobia. These issues would be compounded, if their home life was unstable or unpredictable or abusive. I began to become very interested in early therapeutic interventions for children, and was aware through my work in South London in the 1980s with children that their prospects, and ability to access opportunities through education, would be affected by their family constellation and context. This would be exacerbated by poor housing, unstable parenting, the stress of surviving on benefits and parents use of drugs and alcohol, and the isolation of poverty.

When I saw the position of London Regional Manager at the Place2Be I applied, and was accepted. The charity had been established in 1994 by Benita Refson who, like me, had trained as an adult therapist at Regent's College. As I have stated there was an empty filing cabinet, no procedural guidelines, and an early history of experimentation and conflict. There were just six schools which I was expected to manage, and a demoralised staff team who had just been required to move from the status of self-employed therapists to employees of the charity. There were also twenty volunteer counsellors working in the primary schools. As a group, the staff were angry, truculent and reflected a variety of therapeutic models, but primarily at child-centred Rogerian model which focused on the child and ignored the parents, family and school context of the child. In the first few years of inception as a mental health charity, there had been a strong emphasis on long-term therapy for the child, and a significant cohort of children have been in therapy for several years. I felt

immediately this was dubious practice, particularly as a child's volunteer counsellor have changed within the course of the intervention which meant that some children had experienced four different therapists within their counselling work. I was also surprised and rather shocked at some of the Place2Be clinical rooms, which I discovered were an "Aladdin's cave" of toys and materials. In one playroom I discovered a toy kitchen, bikes and scooters, numerous soft toys and puppets, boxes of unused paints and stacks of games and footballs. I reflected that much of this material had little therapeutic application, and seemed to reflect a conscious or unconscious wish to gratify, amuse and placate the child clients. I was also aware that some of the staff and volunteers were highly anxious and unprepared for the difficult and complex task of therapeutic work with children. I wondered whether the "Aladdin's cave" of equipment, was an attempt to avoid the challenging task of forming a therapeutic alliance with the child and a naive attempt to alleviate the material poverty of their child clients.

There was an extremely small management team comprising of Benita Refson as a senior manager, a trainer and an educational psychologist who left the organisation after nine months. It was clear that I had been recruited to provide clinical leadership, stable management of the staff, and a professional perspective on the work within the schools.

What I found intriguing and exciting about the Place2Be, was the big ambitious idea which had clearly not been processed and resolved. How was it possible to provide a school based mental health service in primary schools? Could this service be sustained and replicated across the United Kingdom? Would we be able to find staff and volunteer counsellors who could undertake this task within London, and in other parts of the country? What were the opportunities and barriers to this idea? What would be a sustainable mental health service look like and would it be accepted by head teachers, and school staff and parents? How could we develop and sustain staff and volunteers through training and supervision?

I had been influenced as an adult psychotherapist by the Winnicottian idea that "there is no such thing as a baby," since children and babies do not live in isolation, separate and independent. They exist in relation to those who care for them in a particular context. My clinical influences had been Bowlbys attachment theory, the non-directive play therapy of Virginia Axline and Lowenfeld's world theory of objectifying the inner world through play, particularly sand play.

My first task was to define the model of therapeutic support in the Place2Be schools and define the content of the Place2Be room. I also felt strongly that child clients should have a one-to-one intervention no longer than one school year for three terms. I was anxious that we were creating dependency and collusion, rather than working on enhancing the child's resilience and self-esteem. I cleared The Place2Be clinical rooms of superfluous toys and games, and wrote the policy on the ideal Place2Be room (Appendix1). This was a guidance and specification of a clinical room for the work with a child, which is a safe, reliable and consistent space, devoid of distractions and stocked with materials which can be used therapeutically. I established a fortnightly forum entitled "shared learning" with a six school project managers to think through these ideas, with predictable resistance and anxiety since some of the school project managers had no experience of being managed or having their long

established practice both considered and challenged. There was certainly resistance to systemic thinking about the child, or the child's situation, and intense anxiety about sharing information about the child with parents and teachers. I felt it was possible to provide confidentiality for the child's words and material, and yet involve the two key influences in a child's life, namely the parent and teacher. I challenge these practitioners to help me refine and redefine the range of therapeutic services which resulted in an average two and half day model providing:

- short-term and long-term one-to-one therapy for twelve children each week
- group work for six children each term based on the Kolvin model of two facilitators, six child clients and eight sessions of therapy.
- A commitment to assessment tools, involving the Goodman strength and difficulties questionnaire, and obtain written consent and clinical data by meeting the child, parent and teacher in separate meetings.
- This should be followed up by a post assessment meeting at the end of the intervention.
- The provision of the Place to Talk lunchtime drop-in service, for children who could refer themselves for fifteen to twenty minutes of counselling.
- A commitment to a standard model of supervision of volunteer counsellors in each school.
- A commitment to the Goodman strength and difficulties questionnaires as an assessment tool, and an evidence-based measure of the impact of the one-to-one or group intervention.

I was greatly assisted by Joan Baxter an educational psychologist, who introduced me to the Goodman strength and difficulties questionnaire as a clinical tool and my task was to ensure compliance from the clinical staff. Resistance and hostility by the staff were primarily aimed at the pressure of paperwork, and the outcome measures which I introduced. However, it was clear to me that unless we were able to demonstrate the outcomes of therapy, based on a professional evidence base, and a commitment to quality standards and professionalism, it was likely that we could scarcely grow from six schools to a large cluster of schools in London and the United Kingdom.

I wrote a draft of procedural guidelines for the staff (appendix 2) which attempted to define and explain the model with a commitment to systemic information sharing with teachers and school professionals. Shortly after this I wrote the policy on the referral and assessment process, (appendix 3) to alert the practitioners to the complexity of teacher referrals and assessment, and provide clarity on a teachers situation and their tendency sometimes to refer inverted “acting out” boys who are challenging their authority, rather than “acting in” children, who may be isolated, silent and depressed but who are not challenging classroom discipline. However they may be at higher risk of mental ill health or disturbance as the child who is violent, aggressive or at risk of exclusion. There is also the issue of the group attribution of deviance, distress and disturbance within the school environment, since it is to be expected that a teacher needs to be alert to their authority and classroom management, and the well-being of the whole class and the educational attainment of the group. This has been exacerbated in recent years with the pressure of SATS (standard assessment tests) and inspections by Ofsted. As with all policies which I have drafted over the past twelve years, the key issue is consultation with staff, and processing with staff and cascading the policy through shared learning sessions with all staff, and within supervision

sessions with each school project manager, which I provided for two hours a fortnight on the school premises of the school project manager.

A further challenge in 1998 was the role of the child protection officer which I was asked to assume within the first month as the London Regional Manager. Since there was no written policy on child protection, I spent the first six months reading local authority policies and procedures, before embarking on a series of trainings which would provide me with the information and skills to undertake this role. As the child protection and safeguarding officer for the past twelve years, I have been required to draft clear and unambiguous guidelines for this aspect of the organisation and provide training to paid staff and volunteers, and advice and recommendations to the trustees of the charity. This was given a higher profile following the death of Victoria Climbié who was abused and murdered by her guardians in Brent in 2000. Public outrage resulted in major changes in child protection policy, the introduction of the Every Child Matters policy, and the Children Act (2004) which gave particular attention to child protection. I have sometimes reflected that when I joined the Place2Be in 1988 I was possessed of a whole head of black hair and twelve years later it is balding, grey and thinning and I feel the onerous and complex role of the child protection officer has taken a toll!

(Appendix 4) is a copy of the child protection policy I wrote in 1999 and have revised several times in the past twelve years. I also drafted the child protection report form which delineates the threshold of the child protection concerns as high or low threshold. (Appendix 4) Training staff and volunteers and alerting them to the legal and professional obligations in this area has been a key responsibility. Over the years I have provided approximately seventy trainings and seminars to staff over the past twelve years; from Edinburgh, Durham and Cardiff, to all the hubs in London and the south-east such as Medway, Brent, Southwark, Enfield, Greenwich, Wandsworth, Croydon and Harlow.

Key messages in my trainings are to create a culture of professional respect, thinking together and with other professionals and being prepared to make a decision in the best interests of the child at risk. Child protection invariably evokes intense anxiety, emotional pain and a desire to rescue the child from their situation with the abusing adult. However, there are no easy solutions and rarely a happy ending to a high threshold child protection case. As I often explain in my trainings, typically one is confronted with a jigsaw puzzle picture of a child's situation with most of the pieces missing. (Appendix 5) is training for clinical staff I wrote in 2000 and have updated with new slides over the past ten years.

What most practitioners fear is that the child will disclose that they are experiencing sexual abuse. However disclosure or suspicion of sexual abuse is usually acted upon immediately by school professionals and social services child protection teams, and the system is alerted and begins to investigate and to protect the child. Emotional abuse and neglect are difficult to define and evidence, but most professionals and therapists realise this can be immensely damaging and create mental health risk factors for a child. Inappropriate physical chastisement is also very difficult to investigate, and this is exacerbated by the requirement to make a professional judgement if a child is being beaten. Unless there is bruising, cuts or broken skin there is a high threshold for reporting a concern in many inner city local authorities. My

influences in this area of child protection has been Christiane Sanderson's work on child seduction, grooming and sexual abuse and the clinical impact and implications for psychotherapists. (Sanderson 2004). Jonathan's Willows book on "Moving on after Childhood Sexual Abuse" (2009) has also influenced my understanding of the disruption of a child's attachments after sexual abuse, and the risk factors for emotional and psychological disturbance

I have been greatly influenced by the varied papers in "Mental Health Interventions and Services to Vulnerable Children and Young People" (2007) edited by Panos Vostannis. As a result of the papers by Rachel Brooks and Elspeth Webb on domestic violence and the impact on children, I researched the domain of domestic abuse and wrote and delivered a training on domestic abuse to ninety staff in the Place2Be (Appendix 6) in 2008/9 and 2010. Following the death of Peter Connelly (Baby P) in 2009, I presented a series of recommendations to the trustees of the Place2Be (Appendix 7) where I have requested more investment and to raise the status of the child protection role, and the development of specialist trainings to Place2Be staff and volunteers.

In a number of high threshold child protection cases I have supported our clinical staff to give evidence in court, and I am currently researching this area and using a key text by Tim Bond and Amanpreet Sandhu (2005) "Therapists in Court." I will write a specific policy and guidance for the Place2Be staff. I am currently in consultation with a magistrate and a chief constable to assist me in this task which I am due to complete by 2nd September 2010.

A further policy I wrote for the Place2Be in 2006 was the policy on critical incident response (Appendix 8). This was a reaction to a particularly challenging incident in a Place2Be school in Enfield in 2005. As parents were dropping off their children at 8:45 a.m. in the school playground, an estranged father approached the mother of his child on the playground and stabbed her six times in the stomach with a knife in full view of the teachers, parents and many of the children, before fleeing the scene. As a four-day mental health service based in the school, it was understandable that the head teacher wanted immediate support for the entire school community from the Place2Be and after two weeks of attempting to manage the impact of the attempted murder, she was diagnosed with post traumatic stress and was required to go on sick leave. My role as a regional manager was to attempt to calm the Place2Be staff, and to attempt to enable them to think therapeutically about the impact on the whole school and to crucially involve external professionals such as the educational psychology crisis team, rather than follow the head teacher's wish for the Place2Be therapists to provide a critical incident response, and therapy to hundreds of traumatised children and adults.

An urgent responsibility in the first five years as the only senior clinical manager, was the recruitment and retention of Place2Be school project managers and volunteer counsellors. We were growing as an organisation and had incrementally expanded from six schools to twelve schools and to twenty-eight schools by 2005. Most schools had elected to have a 2.5 day model with one school project manager who was a qualified clinician, with four volunteer counsellors. However, in large primary schools, the school could have a population of between five hundred to seven hundred children and a larger number of staff are required for three, four or five day model of

service delivery. I was under a great deal of continuous pressure to recruit large numbers of volunteer counsellors from colleges and therapeutic training institutes. I designed and wrote a standard recruitment presentation of the counsellors and therapists who required a clinical placement (Appendix 9). This presentation refers to the opportunities and obligations of the clinical placement programme between Place2Be and the student and college. From 1999 there was a steady growth in schools electing to join the Place2Be and on average I would make fifteen presentations each year to recruit volunteers to the placement programme. During the first four years I recruited between fifty to seventy volunteers each year. Currently the Place2Be provides clinical placement opportunities to five hundred and fifty students.

Interviewing and inducting school project managers has been a constant responsibility. (Appendix 10) is an introduction sheet for volunteer counsellors I wrote in 2003 to attempt to delineate some recurring issues such as the length of the working day of volunteers, accreditation issues, training and professional development and criminal record checks. I have the responsibility of having to review all declared convictions and through the criminal record checks to deciding whether the candidate is suitable for a replacement in the school. There are contributions and statements from volunteer counsellors in the paper and I have always attempted to introduce personal statements or case vignettes into Place2Be literature, to bring the work alive and ensure that our publicity is compelling. You may note that I have used children's drawings and art work. I was assisted in the early years of the Place2Be by a clerical assistant to help choose children's artwork for our publicity (subject to written consent for use from children and parents). We would often have violent disagreements about choosing particular images, with her emphasis on choosing happy drawings of smiling children and flowers and butterflies. I would try to use the artwork of children depicting real and violent events such as a house on fire and a child jumping out of a window, or children portraying the actual experience of distress, stabbings, murder, violence and fear. We would invariably agree to disagree in an attempt to compromise. However, I do think that experience highlights a major contribution I have made to the Place2Be over the past twelve years in my determination to highlight the real difficulties of children living in areas of complex deprivation and the often terrible and occasionally horrific circumstances of their lives.

(Appendix 11) is a copy of a consent letter I wrote in 2000 to request permission for parents for the use of clinical material for case studies and dissertations for volunteer counsellors as a part of their college accreditation and final submission. I have always tried to promote ethical consent and standards of care for all child clients and parents in the Place2Be. This is also a standard I have applied to ethical consent for clinical work with a child. I require that all staff obtain written consent from parents for clinical work, despite the many challenges to this which I have outlined in my PEP, concerning anxieties and ambivalence of parents to engage with the Place2Be and the school.

As an adult psychotherapist I am aware how so many mental health problems originate in trauma, unreliable and unpredictable attachments, divorce and separation, child abuse and bullying. Schools are often a place of consistency and sanctuary for many children, but time constraints and the pressures of state and government attempts to improve educational attainment for children, result in teachers and school

staff who do not have the time to support individuals and vulnerable children. An embedded school based mental health service can provide long-term therapeutic interventions of a fifty minute hour once a week for three terms for children in a context where there is no stigma for children or parents in a professional systemic approach involving parents, children, teachers and school staff.

As a senior manager I am constantly under pressure of time and I am aware of what I am not providing due to these time constraints. As I highlighted to the trustees (Appendix 7). I would recommend that I research and write trainings on children living with parents with mental health problems, children who experienced neglect and live in a domestic violent situation or with parents and carers who misuse substances such as drugs or alcohol. An additional policy I wrote to support the volunteer counsellors is the policy on gift giving (Appendix 12) since we were having problems with volunteer counsellors bringing in their own equipment and toys and wishing to end the work by giving their child clients gifts or presents. This policy indicates what I hope to do with all my written policies and guidance for the Place2Be which is to make **transparent**, why we need to be constantly vigilant to clinical standards, ethical practice and therapeutic containment. Working with children can often evoke our own pain and challenging memories of relative powerlessness, vulnerability and stuckness, as we existed in relation to the two spheres of home and school.

Following successful recruitment of volunteer counsellors for three years from 1998 to 2001, I realised that the organisation lacked policies and training on the critical and significant area of clinical supervision. As a senior supervisor in Greenwich Mind and London Lighthouse, I had not undertaken any formal training in supervision, but rather drew on my own experience of receiving and giving supervision. In order to provide guidance and clinical leadership to the Place2Be staff I needed to undertake formal training and gain BACP accreditation as a supervisor. After researching various trainings, I was accepted on the Cascade Diploma Training in individual and group supervision commencing in September 2002. This supervision training was based on the work of Bridgit Proctor and Francesca Inskipp, and was an integrative approach to supervision. This was clearly of direct relevance and application to the tasks and responsibilities of supervision in the Place2Be, since our staff and volunteers came from a wide variety of theoretical orientations, from psychodynamic art psychotherapists to Gestalt therapists, persons centred therapist and existentialist therapists. (Appendix 13) is the evidence of my successful completion of the supervision training, which I completed in July 2003. As a result of this training and to contribute to the development of staff in Place2Be I wrote modules one and two of the Place2Be supervision training (Appendix 14). I trained all the staff in the educative, managerial and ethical approach to supervision in Place2Be schools from 2003 to 2007. I feel this has been a major contribution to defining and supporting best practice and supervision of the clinical work and the integrative Inskipp/Proctor model is the basis for all supervision across the current one hundred and fifty-five schools in the United Kingdom. As a consequence of this training policy I applied for accreditation as a supervisor with the BACP and this was awarded in 2006. (Appendix 15). (Appendix 16) refers to the policy I wrote to define and plan the Place2Be approach to supervision which I wrote in 2004. (Appendix 17) is a supervision contract for staff and volunteers I wrote to define mutual roles and obligations for volunteer counsellors and Place2Be supervisors.

Developing new initiatives has been a constant factor in my work with the Place2Be. This includes the development of the ASPM programme (assistant school project manager), piloting the transition work for the years seven and eight in secondary schools, and promoting work with parents in the Place2Be schools.

In 2003 I became aware that many about volunteer counsellors were not making the transition from voluntary clinical experience to paid employment with the organisation as school project managers. As I chaired the interview panels it was clear that many clinically able and impressive volunteers did not seem to comprehend that to become a therapeutic manager in the organisation, they needed to have managerial experience and think outside the remit of clinical work with children. I persuaded the trustees and chief executive to pilot an assistant school project manager program in 2003 and I wrote a job description and person specification for this role (Appendix 18). This would involve a former volunteer counsellor working alongside a senior school project manager who would mentor, coach and support this novice school project manager. This has been a great success in enabling volunteers to bridge the gap between clinical excellence and the complex tasks of the school-based therapeutic manager. Subject to a balanced budget I have recruited and placed an assistant school project manager in over half the Place2Be cluster of schools and many of our current paid employees were former volunteers who entered the organisation through the ASPM programme.

(Appendix 19) is a recommended reading list of key text I drafted to raise professional standards in clinical thinking and I ensured that this list was distributed to all school project managers and volunteer counsellors.

As the reputation of the Place2Be grew, we were being approached by secondary schools who wished for an accessible therapeutic programme for their pupils. Following a meeting with Southwark CAMHS commissioners in 2007, Catherine Roche (the Place2Be chief operating officer) and I approached Deutsche Bank for funding to pilot the Place2Be service to support transition for students in Geoffrey Chaucer secondary school in Southwark. This was deemed to be the most challenging school in the borough with a failed Ofsted, appalling SATS results, high rates of absenteeism and school refusal, substance misuse, a threatening gang culture and high rates of early teenage pregnancy. Deutsche bank committed funding for the project in 2008 (Appendix 20) and I was just charged with managing the pilot.

As this paper may suggest I am certainly open to clinical and professional challenge, but even I felt daunted by the tasks of establishing the Place2Be in a secondary school with a demoralised teaching staff and a chaotic senior management. Initial work with students indicated high levels of anxiety regarding personal safety and fear of bullying and physical violence. I feel the key components of success in a challenging school environment, is to recruit an ambitious and energetic therapeutic practitioner, who is committed to building relationships, and to ensure that they receive maximum and consistent weekly supervision and support. This was achieved with the appointment of Andrya Andreou a transition manager, to specifically support young people in year seven and eight. She managed to promote the Place2Be model of one-to-one weekly therapy, a place to talk session in lunchtime for students and support of vulnerable students to enable them to stay in school. As a result of the success of this pilot we are

now working in seven secondary schools within the Place2Be hubs and we have now run the programme for three years at the school. Since the Deutsche Bank funding expires in July 2010 I negotiated with the head teacher in January 2010 and the school has decided to continue funding this work from September 2010.

(Appendix 21) is evidence of my promotion of parent work from 2007 to 2010. As I have previously stated children can be effectively helped by involving their parents and teachers in work. The Place for Parents was initially piloted in Edinburgh in 2007 and I have consistently promoted the importance of support to parents in the Place2Be schools. Currently we offer long-term work to parents in twenty schools in the United Kingdom.

(Appendix 22) demonstrates my contribution to publicizing the work of the Place2Be, presenting to professionals at conferences using a PowerPoint presentation. As the first hub manager for Southwark and a Regional Manager for nine years I compiled a presentation to Southwark CAMHS joint commissioning group for a presentation on 21st of September 2006. This was to invite the group to make a financial contribution to school-based mental health and enable the Place2Be to develop and expand the work by inviting new schools to join the hub and influence CAMHS (child and adolescent mental health services) to recognize the Place2Be as a significant contributor to child mental health provision in the borough. The presentation contains slides showing how the Place2Be meets central government criteria for Every Child Matters and to promote the model of systemic practice. I have also been careful to make the case of working with complex children at Tier three, which would normally fall within the remit of CAMHS services. I also show the evidence base of the Place2Be measurement of total impact showing the categories of Goodman strengths and difficulties questionnaires and the categories of BME (Black and ethnic minority) children and volunteers in Southwark. This presentation was very successful, and as a result I was successful in securing funding of £35,000 pa from 2008 to 2010. This presentation also evidences attention paid in the organisation to quality assurance which I have promoted since I joined the charity. I have attempted to bring the work alive by using quotes from Ofsted about the Place2Be in Southwark, and anonymous quotes from children which I have collated from School Project Managers.

(Appendix 23) is a series of slides I compiled and presented in Manchester in 2005 at the Young Lives Today conference to one hundred and fifty head teachers and professional staff. I have consistently argued that in order for the Place2Be to deepen, disseminate and demonstrate the importance of school-based mental health we have to be prepared to present at conferences on education and child mental health and publish our evaluation of our services in academic and professional journals. Indeed this doctorate in psychotherapy by professional studies is my attempt to publicise the need for school-based mental health by demonstrating the impact of therapeutic services on individual children and the school environment.

(Appendix 24) is an awareness presentation I have given to numerous audiences over the past ten years; from school governors to groups of teachers, groups of head teachers in local and Commissioners in the local authority. By compiling these slides I have attempted to describe why school based mental health is important and how it can have an impact on children's mental health and the school environment. "Why children come to Place2Be" is a descriptor from all my experiences of supervising the

clinical work. Slide six is the “universal model” of the Place2Be service incorporating systemic thinking and the range of services available to children. Slide eight, attempts to show a typical day in the life of the Place2Be team and the remaining slides attend to quality assurance and the effective mental health service in the context of the school community.

(Appendix 25) is the policy and procedure on clinical note taking I wrote in 2003 because of anxiety about increased requests from solicitors and lawyers acting for their client in custody cases and divorcee proceedings. In the policy I make a clear distinction between “official” Place2Be paper work which must be rendered to a parent or solicitor under the data protection act, and “process” notes which are not official records and therefore do not belong to the Place2Be. I have aligned this policy to guidance I obtained from the BACP regarding the three year recommended period for storage of notes due to the potential of an ethical complaint made to the organisation or school.

In 2008/9 across the one hundred and fifty-five schools there were two hundred and thirty-seven thousand, one hundred and forty-four hours of children service provided, resulting in an average unit cost of nineteen pounds per hour of children service. In this time period 2008/9 the service reached forty-two thousand three hundred and seventy children through contact in one-to-one therapy, Place to Talk and therapeutic group work. An OFSTED report in Murton Primary School in Edinburgh reported: “pastoral support and academic guidance has a very high profile. Excellent links with support agencies such as the Place2Be team supports staff and families so that pupils access all elements of school life.”

(Appendix 26) is a detailed report by New Philanthropy Capital in 2008/9 in which I participated and contributed to as a senior manager. I am gratified by their excellent assessment of the charity, which evidences the high quality of the work and the quality assurance standards to which I, and many others, have contributed over the past ten years.

I am extremely grateful to the Place2Be for funding this doctorate in psychotherapy by professional studies. I hope that I have demonstrate my conscientious contribution to the development and expansion of the organisation from the beginning in 1988, with four people in a room, to an organisation of one hundred and thirty-five staff and five hundred and fifty volunteers across seventeen hubs in the United Kingdom. From an empty drawer in a filing cabinet I have written policies and procedures and training courses to support the work and support staff and volunteers. From the beginning as a child protection officer for six schools I now have the responsibility for child protection for a total population of sixty-five thousand children. The success of the organisation is due to the passionate support of many people, including the hundreds of paid staff and volunteers who been a part of the Place2Be in the last twelve years. I submit a modest claim for the establishing the foundation of the Place2Be as an exemplar of school-based mental health service with a commitment towards excellence in the work within the school communities.

(Appendix 27 & 28) is evidence of my clinical leadership in my capacity as a chair of the Regional Management Forum over the past four years. (Appendix 28) is evidence

of my contribution to the development of the Hub of ten schools in Enfield which I managed as a regional manager for seven years from 2002 to 2009.

(Appendix 29) is my final evidence to demonstrate ethical and clinical leadership. The Place2Be school project managers were finding issue in the supervision work which needed clarification and guidance on touch and physical contact. I wrote the policy in 2008 and align the policy with the BACP code of ethics. I hope to demonstrate a considered approach for therapists and child clients and highlight risk for the reputation of the Place2Be and the needs of the child.

The process of evidencing my contribution to the development of the Place2Be has been salutary in that I had been so driven and so busy doing, that I have rarely had the relative luxury of reflectivity. Since these contributions have not been used for previous credits in the doctorate, I have been reminded of how dedicated I have been over twelve years to argue for early intervention and school based mental health. I have been particularly passionate in my contribution to making the link between social deprivation and poverty and the need for early psychological intervention to attempt to arrest the spiral of failure, low expectations and low self-esteem. Ermisch et al, (2001) have shown that children in the United Kingdom growing up poor are more likely to have lower self-esteem; plan not to marry; believe that health is a matter of luck; play truant; expect to leave school at sixteen; have lower educational attainment; be unemployed as young adults and experience higher risks for mental ill health than those who have never experienced poverty. I began the submission with a quote from Adam Smith about the impact of poverty and social deprivation. I feel that one of the main influences in my professional life has been to address in a practical way the consequences of social injustice with particular reference to the condition of the mental health of children. I am too optimistic, and too impatient to address issues of social justice through politics, but I hope that my work at the Place2Be has had a direct impact on the lives of thousands of children and the development of therapeutic thinking and therapeutic culture in primary and latterly secondary schools. I think a significant feature of my professional and personal temperament is curiosity and a responsive and practical approach to the impact of poverty and a low aspiration for children. I believe my own struggles as a child have ensured that I am alert to the possibility of a good attachment, respect and attention to the individual child, and the belief that children can be helped to raise their self-esteem and learn to manage their behaviour and understand how to develop resilience and coping skills through the partnership of education and therapy. I will endeavour in my dissertation to develop and evidence this belief through my interviews with parents, head teachers, children and the therapists who work in some of the Place2Be schools in the inner-city.

The experience of this RAL5 submission has also been to alert me to the resolution of several paradoxes in my work at the Place2Be. I dislike public speaking and often feel extremely nervous and nauseous before I speak, and yet over the past twelve years I have prepared presentations and spoken to hundreds of external professionals at approximately fifteen large conferences in the United Kingdom. I have developed confidence and competence through working through my natural reticence and speaking out. The PowerPoint presentations I have attached as appendices are extremely important to me so that I feel I have a trusted backup to my presentations since I fear I will “dry up” with anxiety or repeat my words or statements.

I have developed my confidence as a child protection officer in my work at the Place2Be although this role and obligations were completely new to me in 1998, and some cases and incidents I have managed have been extremely difficult and challenging. In particular, I have had to challenge other professionals and social service child protection teams on many occasions when there has been a reticence, refusal or anxiety to refer the case or make a decision. In a similar vein I have had to draw on inner strength and belief to withstand the anxiety inherent in the task of protecting children.

I left a notorious sink secondary school at sixteen, with five O-levels having failed all my examinations in mathematics and had been innumerate as an adult, and yet I have managed to raise hundreds of thousands of pounds over the past twelve years, through raising funds from corporate and city trusts and applying for statutory funding from CAMHS and commissioners in the field of mental health.

I believe I have demonstrated in this paper that the level five competences and capabilities deserving of one hundred and twenty credits. My work has been specialised in the field of school based counselling with ethical awareness and commitment to clients and stake holders. I have acquired knowledge, analyse knowledge and applied knowledge to my specialised field of therapeutic services. I hope I have demonstrated my competency skills, self appraisal and reflection on my contributions and ethical and management dilemmas in the Place2Be.

Finally I hope I have made a contribution to promoting a model of well-being for children, which emphasises the importance of listening and attending to children through counselling. I hope to show in my final dissertation submission how a multi dimensional and coherent school based mental health service can support the hardest to reach child and parents in the most challenging areas of the inner-city and enable children to achieve competences, capabilities, skills and resilience to achieve an education, in a climate that supports warmth, creativity, empathy, positive experiences and clear boundaries.

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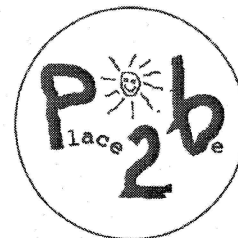
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Appendix 1

Making a lifetime of difference to children in schools

The Place2Be, 13/14 Angel Gate, 326 City Road, London EC1V 2PT
Tel: 020 7923 5500 Fax: 020 7833 8083 Email: enquiries@theplace2be.org.uk



The Ideal Place2Be Room in Primary Schools

Founded in 1994, The Place2Be is an innovative award-winning charity that works inside schools to improve the emotional wellbeing of children, their families, and the whole school community. Using specialist teams of counsellors, we work with the whole school to provide a range of different services that can be accessed on-site in a non stigmatising way; this includes one-to-one counselling and group work for the children, practical advice, guidance and support for parents and carers, specialist consultation and training for school staff, alongside considerable multi-agency working.

In each Place2Be school there is a dedicated Place2Be room where the one-to-one counselling and group work with the children takes place. The room is central to the project and our clinical practice, as it provides a constant and reliable space within the school where the children, parents and staff know they can talk in confidence. As part of the therapeutic work, each Place2Be room is equipped with a carefully selected range of toys and art materials, which enables children of all ages to work in a variety of different ways. We request that this room is used solely by The Place2Be, so that the counsellors are able to safeguard the work and ensure the boundaries are consistent and secure. The room should ideally be located in a quiet area of the school and sound proofed to ensure confidentiality.

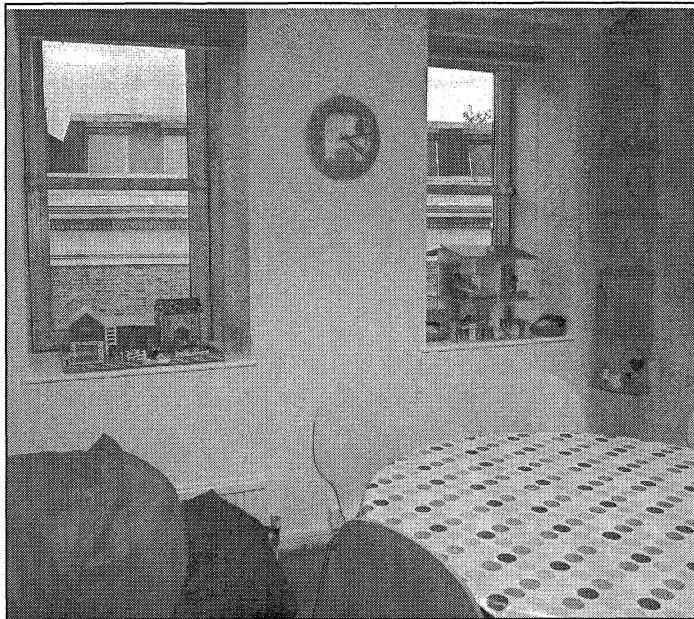
We ask that each Place2Be room meets the following specifications:

ITEMS
A room which is approximately 4 x 4 meters and free of hazards
1-2 tables and 4/5 chairs for children
A viewing panel in the door (adult level)
Storage and shelves (including a lockable cupboard)
Floor covering for wet and dry play
Sink and water supply (portable sinks are a suitable alternative if a water supply is not readily available)
Clean decoration in a fresh neutral colour (e.g. pale green, blue, yellow, cream)
Heating
Lighting (preferably natural)
Ventilation (preferably natural as an extractor can make a lot of noise)
Equipment (please refer to the attached equipment list)
A wall clock

The pictures below show images of what the ideal Place2Be room looks like. The room was designed by students at the KLC School of Design and reflects the needs for a bright and welcoming space that can effectively store all the different toys and art materials, whilst ensuring the children feel happy, safe and secure.

We appreciate that not all schools will have a perfect sized room, but this will hopefully be a useful guide in showing what we are working towards and how space can be effectively utilised.

In the pictures we have highlighted key aspects of the room and also referenced where you can find the furniture, decorating materials and equipment that we have used. These are our recommendations but you are very welcome to source similar alternatives from local suppliers.



1. Clock

A clock is a central part of the project as it helps to maintain boundaries and allows children to know how long their session will last. This is about providing consistent reliable support.

2. Lighting and ventilation

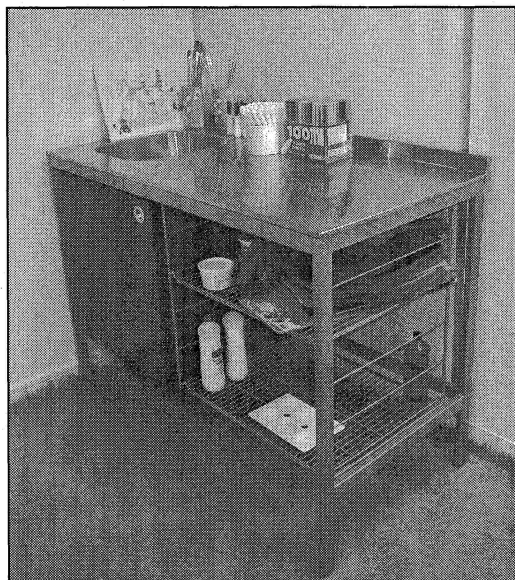
Where possible it is important to have natural light and ventilation. This helps to create a welcoming and bright space.

3. Storage

It is a good idea to make the most of effective storage solutions to enhance the space available. There are lots of innovative ways to do this such as utilising windowsills and considering hanging storage.

4. Table and Chairs

It is crucial to ensure that the table and chairs are suitable for children aged 4-11. Adjustable tables are a good solution as they will accommodate different aged children. A table cloth is not essential but the surface does need to be washable as there will be work with paint, glue etc.

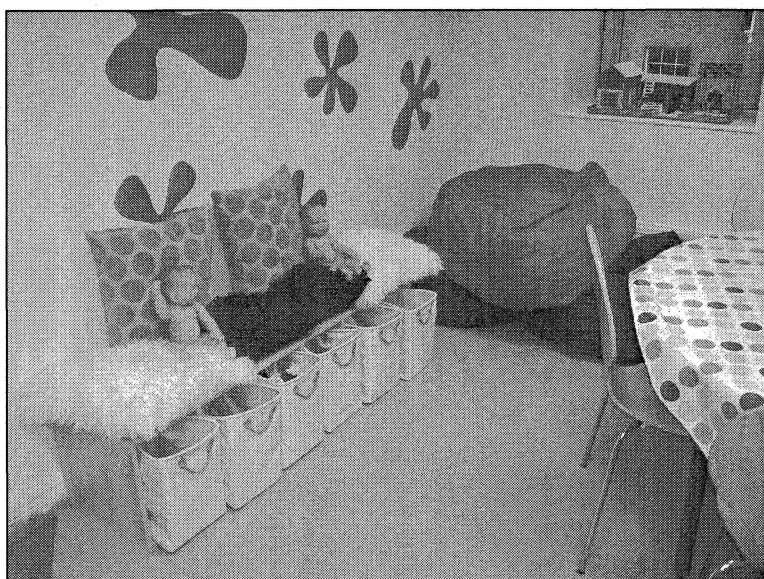


5. Wet play area

A suitable floor covering is imperative for the wet play area. If permanent flooring can not be used then there are lots of semi permanent options that can be considered e.g. ground sheets.

6. Sink

The sink is a very important part of the project as a lot of the children take part in messy play. If it is not possible to have a fitted sink and a permanent water supply then a portable sink is a suitable alternative. Sinks can also provide a solution for storage.



7. Dry Play area

It is extremely important to have a carpeted area within the room. If this is not possible suitable flooring can be created through the use of rugs, beanbags and cushions.

8. Storage

It is essential to make the most of the space available. For example storage can be combined with seating.

9. Beanbags/cushions

In the dry play area it is preferable to have a variety of textures and surfaces as this will help to create a warm area.

10. Paint

Please choose a neutral colour. We would recommend pale green, blue or yellow. This needs to be washable, non toxic and as environmentally friendly as possible.

Suppliers*

Ref.	Item	Name	Supplier	Contact details	Price
1.	Clock	Elephant wall clock	Ticktockclocks	www.ticktockclocks.co.uk	£19.95
3.	Storage	Hanging storage nets	IKEA	www.ikea.co.uk	£2.49
4.	Table and Chairs		IKEA Great Little Trading Company	www.ikea.co.uk http://www.gltc.co.uk	
5.	Flooring- Wet play area	Marmoleu, Real orange code 3133	B&R Carpet company	020 7736 7837	£25.00 psqm
6.	Sink Portable sink		IKEA The Mobile Sink Company	www.ikea.co.uk http://www.mobilesink.com	From £552.00
7.	Carpeting- Dry play area	Carpet Tudor Twist 'Acanthus'	B&R Carpet company	020 7736 7837	£21.99 psqm
8.	Storage	Horizontal unit 6 drawer	Great Little Trading Company	http://www.gltc.co.uk	£248.95
9.	Beanbags/ cushions	Bean bag Clipper fleece cushion Faux fur cushion	Bags of beans Dunelm Mill Cushions online	www.bagsofbeans.co.uk www.dunelm-mill.com www.cushionsonline.co.uk	£10-£12 each
10.	Paint	Dulux Trade eggshell, Green Briars 90YY 72/225	Dulux	www.dulux.co.uk	£16.00 2.5 ltr

*Prices and suppliers are correct as of December 2008 and are a guide only

In regard to the above materials, we have often found that local suppliers and/or businesses are very willing to make donations / provide pro-bono materials due to the charitable nature of the project. It is always worth popping by B&Q or Homebase as they seem to have good community initiatives where they donate paint and other decorating materials.

Play Equipment for The Place2Be Room

As an organisation we have created a special equipment list to be used when setting up The Place2Be room. The equipment costs approximately £1,000 (plus VAT) and is normally ordered and paid for by the School, a term before the School Project Manager starts in post. The list of equipment has been selected for the following reasons:

- To enable children of all ages to work in a range of different ways when in The Place2Be room
- To ensure that there is consistency across all The Place2Be school projects
- To ensure that appropriate tools are available for children, The Place2Be Counsellors and School Project Managers (who come from different theoretical perspectives)

The catalogues listed below are highlighted because they stock the toys and art materials all year round, however schools are very welcome to source alternative suppliers on the high street (e.g. Early Learning Centre, Argos, IKEA) or dedicate any of the toys and art materials to The Place2Be room that they already have. We ask that schools provide all of the toys and art materials listed so the children can choose how to express their feelings.

GALT EDUCATIONAL , Johnsbrough Road, Hyde, Cheshire SK14 4QT Tel: 08702 424 477 Free Fax: 0800 056 0314 E-Mail: orders@galt-educational.co.uk or enquiries@galt-educational.co.uk	
Item checklist	Ordered
Wild Animals and their young	
Farm Set	
Floor Cushions (pack of 10)	
Large Circular Cushion	
Sand (25 kg bag)	
Dinosaurs (pack of 12)	
Jumbo Colouring Pens (box of 46)	
Clay	
NES ARNOLD : Findel House, Excelsior Road, Ashby Park, Ashby-de-la-Zouch, Leicestershire, LE65 1NG Tel: 0845 120 4525 Free Fax: 0800 328 0001	
Item checklist	Ordered
Dolls – Expressive Babies: One unhappy, one happy	

Dolls house with accessories	
Family figures (multicultural figure set): set of 4 families	
Wild Animal Puppets: 1 set of 4	
Farm Animal Puppets	
Vehicle set (pack of 10)	
Telephones	
Tea-time set	
Felt pens (pack of 50)	
PVA glue	
GLS DUDLEY: GLS Educational Supplies Ltd, 1 Mollison Avenue, Enfield EN3 7XQ Tel: 020 8805 8333 Free Fax: 0800 917 2246 E-Mail: sales@qlsed.co.uk	
Item checklist	Ordered
Duplo Emergency Transport (31 pieces)	
Lego world people: set of 24	
Dolls: (choose dolls which reflect the ethnic composition of your school population)	
Smocks with sleeves, in red and blue (packs of 5)	
Finger paints, assorted colours (set of 5)	
Felt pens (pack of 50)	
Foundation colouring pens (box of 46)	
Roadway Play mat	
Soft dough (pack of 12)	
New Plast, assorted and skin colour	
Stars: assorted colours	
Foil stars: assorted colours	
Sellulose tape	
Variety yarn pack	
Sand and water tray with frame	
Paintbrushes	
Jumbo Brush class pack	
Pencil ACCO UK: variety of B pencils	
Erasers	
Assorted shapes	
Brush	
Bucket	
Safety Scissors	
Rulers Prittstick	
Drawing paper 381 x 254mm	

A3 sugar paper, assorted	
Tissue paper, assorted	
Coloured paper, assorted	
Glitter glue, assorted	
Blu-tack	
Dustpan	
Tidy Boxes	
Craft Scissors	
Dish cloth	
VIKING DIRECT: P.O. Box 187, Leicester, LE4 1ZZ Free Phone: 0800 424 444 Free Fax: 0800 622 211 After Sales Care Line: 0800 424 445	
Item checklist	Ordered
Store Master Crates (red / blue / yellow)	
Store Master lids for Crates	

Appendix 2

Making a lifetime of difference to children in schools

The Place2Be, 13/14 Angel Gate, 326 City Road, London EC1V 2PT
Tel: 020 7923 5500 Fax: 020 7833 8083 Email: enquiries@theplace2be.org.uk



Procedural Guidelines for School Project Managers

All The Place2Be guidelines and procedures are subject to review and may be revised and re-issued. Please ensure you use the most recent version which can be found on the Shared drive.

Attendance

School Project Managers are required:

- To be present in school on contracted days
- To ensure that The Place2Be Volunteer Counsellors are present in school on allotted days
- To attend timetabled Shared Learning Sessions
- To attend and input as appropriate to The Place2Be Volunteer Counsellor induction programmes
- To attend additional clinical trainings by arrangement with the Hub Manager
- To attend other such meetings or training events as requested by their line manager (or member of the Senior Management Team). Where these are arranged outside the normal contractual commitment, attendance will be notified in advance and time off in lieu will be given – to be authorised by Hub Manager and taken in contracted time during school holidays.

Although unlikely, The Place2Be may require School Project Managers to transfer to another school. Should this be anticipated, any such arrangement will be discussed in advance between the School Project Manager and Hub Manager. Geographical location will be taken into account and sufficient notice given to ensure a smooth transfer and for the change to be managed appropriately.

During school holiday periods, School Project Managers may work from their home but may also be called upon to attend Core Hub, training or another base. If not on annual leave, SPMs should be available for all administrative activity – report writing, responding to telephone calls and emails etc (see Guidelines for School Holidays).

Absence due to illness or any other reason must be reported as early as possible before the time the School Project Manager is due to be in school on the first day of the absence. It is necessary to:

- Telephone the Hub Manager explaining reason for absence
- Telephone The Place2Be Volunteer Counsellors who will be in the school that day and advise that the Hub Manager will deal with any concerns

- Telephone the school to advise absence and that the Hub Manager is the point of contact for any urgent issues

For further detail on absence please refer to the Sickness Absence Policy which can be found on the Shared drive.

Records of attendance are kept by signing the **school attendance book** at the school entrance (all The Place2Be staff and visitors should sign in here) each day on entering and leaving. Attendance and clinical sessions are recorded on The Place2Be Activity Record Table. This document should be used to record all clinical and supervision hours completed whilst at ThePlace2Be. This form should be returned to Core Hub at the end of the academic year. Copies should be given to the Hub Manager each term and SPMs maintain a copy. **Any issues relating to attendance of The Place2Be Volunteer Counsellors** should be discussed with your Hub Manager immediately in order to ensure a timely resolution.

Annual leave is to be taken during school holidays and should be agreed in advance with the Hub Manager. The **Annual Leave Card** of each member of staff must be completed and signed off by your Hub Manager. This provides a record of leave taken and is subsequently recorded centrally by the Human Resources team on the staff database in order to ensure accurate record keeping and management of staff time. The Place2Be requires School Project Managers to be on site during term time. Please ensure you familiarise yourself with the separate Guidelines on School Holidays.

Supervision

The Place2Be Volunteer Counsellors are to be supervised weekly in school in pairs, or individually on their allotted days, for about an hour (though this time may be extended where the School Project Manager/Hub Manager finds it appropriate). The sessions should be recorded on The Place2Be supervision note form which is the formal record of supervision. These notes will enable School Project Managers

- to chart the progress of The Place2Be Volunteer Counsellors still in training and so to inform reports to colleges. Copies of this report to be sent to The Volunteer team at Head Office
- to identify areas of strength and weakness and support the development of The Place2Be Volunteer Counsellors
- to provide a history of written evidence in the rare and unlikely event of needing to end the volunteering opportunity of a Place2Be Volunteer Counsellor
- to contribute to the assessment of the child and his/her record of progress
- to provide a history of evidence of disclosure for Child Protection purposes and can be used as evidence in legal procedures
- to inform fortnightly supervision / management meetings with your Hub Manager

These records should be held securely, in confidence, in a lockable cabinet, in the School Project Manager's office. While their content is clearly sensitive, these notes are not, however, confidential and should be made available to The Place2Be Counsellor, Hub Manager, members of The Place2Be Senior Management Team or college tutor where appropriate. Where the School Project Manager receives a request from a third party outside The Place2Be for disclosure of this material, he/she should seek immediate guidance from his/her Hub Manager and/or Regional Manager, as appropriate. Please also refer to The Place2Be 'Policy and Procedure on Clinical Notetaking' for further detail relating to supervision & session notes.

The SPM will be required to present clinical and managerial issues in their fortnightly supervision with their Hub Manager i.e. one-to-one work, The Place2Talk and Group work. Additionally, SPMs will identify and discuss clinical and managerial risks.

Contract statement of services (Schedule)

3.1 In each School Term, the Services will be provided in the School on each of the number of days per week specified in paragraph 13 of Schedule 5, during normal School hours, by the SPM and up to two volunteer P2B personnel.

3.2 The SPM and the Head teacher/SENCO will meet at the beginning of each School Term to determine the scope and nature of the delivery of the services during that School Term, guided by the agreed tasks as identified at the School Review. For the avoidance of doubt, the definition of the Services shall not be amended at such meetings and shall only be amended by agreement, in writing, between the parties, signed on behalf of The Place2Be by the Hub Manager.

Each full day should provide the service of the School Project Manager and up to two Place2Be Volunteer Counsellors. The Place2Be Volunteer Counsellors should expect to work with three children, having time off between sessions to deal with process notes and to prepare for the supervision with the School Project Manager at the end of the day.

The service in the school is based upon a model of delivery which provides a range of services from which the School Project Manager, in negotiation with the school, can select elements to match the needs of the school. The meeting of SPM and Head teacher/SENCO at the start of each term is to build on the work reported from the previous term and to agree priorities. The service cannot go outside the model without specific agreement in writing. Any such proposal either from the School Project Manager or the school must go to the Hub Manager who will consult the Regional Manager and subsequently The Place2Be's Quality Committee.

There is room for innovation but it is important that this is discussed thoroughly in advance and that proper supports are in place to ensure that the work is safe, building on The Place2Be's learning and practical experience and evidence-base where possible.

The elements of **The Service Model** are set out below. Services 3.3.1 to 3.3.6 are called "direct services" in the schedule and a minimum of five hours of direct service must be provided for each full school day.

3.3.1 "The Place2Talk": a self-referral service for Pupils

The Place2Talk is the self-referral aspect of our service open to all children in schools where The Place2Be operates. It is mainly an opportunity for children, who may not be receiving one-to-one or group work support, to have access to the School Project Manager to talk about issues which may be of concern to them. There are many reasons why children may wish to use The Place2Talk such as: friendship/peer group issues, family concerns, loss and bereavement, school based problems and so on.

The Place2Talk requires parental consent. The School Project Manager informs the parents/carers of all children by sending out a letter and The Place2Be information leaflet at the beginning of each academic year. School Project Managers should check with their Hub Manager as to which consent letter to use.

If a child wishes to attend The Place2Talk and we do not have consent, School Project Managers should contact the parents to ask if they would re-consider their position so their child can access the service. School Project Managers will need to be aware of new children joining the school and ensure parents receive information about The Place2Be and The Place2Talk in the course of the academic year.

The School Project Manager introduces The Place2Talk to children via whole school, year group assemblies or by classroom visits. It is emphasised that the service is open to all children in school by a self-referral process.

Children are encouraged to consider what issues may be concerning them and how the opportunity to talk about them and consider solutions may be helpful.

Children are given a 15 minute appointment in their lunch break to meet with the School Project Manager. This will be organised appropriately around school dinner times.

The Place2Talk is organised and run by the School Project Manager. If there is an Assistant School Project Manager working in school, with the agreement of the Hub Manager, they may assist the School Project Manager in delivering additional Place2Talk sessions.

Please note that the Assistant School Project Manager does not run The Place2Talk in place of the School Project Manager.

Qualified and experienced Place2Be Counsellors may also assist in the running of The Place2Talk, but **this must be fully discussed and agreed by the Hub Manager and Regional Manager.**

As with all The Place2Be interventions, in the situations stated above The Place2Talk is also supervised by the School Project Manager at the end of each day.

The Hub Manager in supervision with the School Project Manager will also discuss and monitor The Place2Talk.

All School Project Managers will receive a day's training from The Place2Be on managing and delivering The Place2Talk.

The Place2Talk takes place every full day that The Place2Be is working in a school. In a 2.5 day model, The Place2Talk will take place on two days and so on according to the number of service delivery days. The appointment slips are usually given out at the start of the school day.

The School Project Manager meets with the child for 15 minutes.

The School Project Manager will arrange a minimum of four appointments in one lunch break. Where lunch breaks are very short, the School Project Manager will discuss the management of appointments with the Head teacher and Hub Manager to ensure The Place2Be is meeting the Service Level Agreement and any contractual obligations.

Children are encouraged to fill in the appointment slips themselves. However some children also bring friends along to The Place2Talk. This risks becoming unmanageable if numbers become too large so it is good practice that no more than three children should attend one Place2Talk appointment.

It is important to manage The Place2Talk in a similar way to other aspects of our service delivery. Contracting at the start of the session is essential, as is managing the ending.

As with all our work in The Place2Be, the School Project Manager will contract with the child about confidentiality. It is important to ensure the child understands the boundaries around confidentiality in the same way as in the one-to-one work and that feedback may be given to teachers or other school staff.

It is the responsibility of the School Project Manager to manage The Place2Talk effectively. This will require monitoring the usage of The Place2Talk. Take-up of the service varies across year groups. SPMs should find creative ways to promote the service and encourage children across all years to access The Place2Talk.

Girls are often more likely than boys to use The Place2Talk. This may be due to the way The Place2Talk is perceived in their school, boys may be more reluctant to talk about issues concerning them or it may simply be that football at lunch time has more appeal. The School Project Manager will need to consider ways of promoting the service to boys such as involving boys in the promotion of ThePlace2Talk.

Where there are indications that the same groups of children are using The Place2Talk repeatedly, the School Project Manager may need to consider alternative ways of supporting these children. A whole class approach or circle time delivered to a class where there are significant issues of conflict or friendship/peer relationships may be one more effective way.

School Project Managers may come across children in The Place2Talk for whom an onward referral is considered. This may be to The Place2Be (one-to-one weekly support), additional support in school by other school professionals such as the Learning Mentor or it may be an external referral. The School Project Manager will communicate with and consult school staff, parents and the child and complete the appropriate assessment/referral process. Additional consent must be gained from the parents for an onward referral.

As with all The Place2Be interventions, the School Project Manager will give information to the school not only about the numbers accessing The Place2Talk but also about the issues being brought by the children and any themes which are emerging such as concerns about bullying. Feedback will be given to key professionals in school such as the SENCO, Head teacher, Inclusion or Pastoral Manager.

Information sharing should be part of the agenda for the formal meetings that the School Project Manager and the school professionals hold on a monthly basis.

In addition, if a child is referred to The Place2Talk by a teacher or other member of the school staff, the School Project Manager will give appropriate feedback to the referrer.

At the end of The Place2Talk sessions the School Project Manager will complete The Place2Talk Register. This will be sent to the Core Hub at the end of each term. An electronic copy is given to the Hub Manager and is retained by the School Project Manager.

The above guidelines are also available as a separate document within the Policy on The Place2Talk.

3.3.2 One-to-one counselling with Pupils for between one and three terms

The allocation of children to The Place2Be Volunteer Counsellors, who carry out the one-to-one work, is made by the School Project Manager based upon the referral and assessment information and knowledge of The Place2Be Volunteer Counsellor's experience. This should be discussed with the Hub Manager in fortnightly supervision/management meetings. The documentation for setting up work with the Volunteer Counsellor is in the School Project Manual. If you are unsure which documentation to use, please discuss with your Hub Manager. One-to-one work may not begin without a completed referral and assessment, which must include the **signed consent form from the parent**. While we recognise that in some cases the paperwork can appear quite lengthy, it is key to being able to sustain a safe, evidence-based service.

Full guidance for The Place2Be Volunteer Counsellor is provided electronically at each hub-based induction and the initial volunteer workshop. The Place2Be Volunteer Counsellor is supervised by the SPM and attends a paired supervision session at the end of the school day.

The optimal 2.5-day Place2Be model will include four Place2Be Counsellors working with 12 children in any one week. Due to the nature of volunteering, this may not always be possible, although this is our target. Where the School Project Manager judges that the level of complexity of a case requires a skill level beyond that available from The Place2Be Counsellors; it is possible that he/she will provide the one-to-one work themselves. However, this needs to be discussed with and authorised in advance by the Hub Manager.

It should be unusual for one-to-one work to extend beyond one year. However, in some cases it may be appropriate for a counselling intervention to be provided beyond one year; provided that the Place2Be Volunteer Counsellor is also returning for a second year. If that is considered appropriate it must be discussed and agreed with the Hub Manager. Working with a child beyond one academic year should only happen in exceptional circumstances. Alternatives would be to

look for other providers (e.g. Specialist CAMHS) or for a different kind of intervention (e.g. family work). Working with children is significantly different from working with adults. There is a need to recognise that children are changing all the time and that they are not free agents. To end a piece of work after, say, two terms and allow some dormant time may be better than trying to carry on work with changed personnel. Active case monitoring by the School Project Manager and Hub Manager is a critical part of the job.

Short-term one-to-one work provided by the School Project Manager

Children may be identified with a particular concern which can be addressed through this approach over a short term of intervention. Hub Managers will connect to this work through supervision. This work should still include a basic assessment and parental consent.

3.3.3 Small group work with Pupils over one term

Please refer to Group Work Policy for further information.

3.3.5 Referral and assessment of Pupils

The purpose of an assessment is to gain an understanding of the referred child and to indicate appropriate intervention. In order to carry out a full assessment, The Place2Be recommends that the following eight stages to be followed:

- Receiving the referral form
- Meeting with the teacher who referred the child
- Meeting with the parent(s) who may or may not have referred the child
- Observation of the child in the classroom
- Meeting with the child and parent (s) together
- Talking assessment with the child (using SDQ forms as a guide)
- Play observation and assessment of the child
- Assessment write-up and formulation and recommendations for appropriate intervention

It may be necessary also to obtain further information from external agencies

It may not be possible in all cases, under the pressure of time, to complete all of these stages in the above order or meet all relevant parties involved with the child. The Place2Be sets out these stages in order to set a standard of best practice to be aimed for.

Pre-intervention Strengths & Difficulties Questionnaires (SDQ) need to be completed based on interviews with the child, teacher and parent.

A full description of this process is set out in the referral and assessment process guidelines. The referral process requires an interview with teacher, parent and child during which details of the setting are recorded and a pre-intervention Strengths & Difficulties Questionnaire (SDQ) is completed. School Project Managers should provide their Hub Manager with a copy of the case-summary page, SDQ pages and the teacher's record of target behaviours which in turn are forwarded on to the Evaluation Team at Core Hub. This enables the case to be entered on the Evaluation Database so that it will contribute to the Hub Review of the work in the school and hub.

Outcomes of the assessment might be:

- Work with parents
- Assignment to a Place2Be intervention

- Referral on to another agency
- Discussion with teacher and/or parent regarding management of the child's concerns and ways to support the child
- A decision to wait and to "hold in mind"

School Project Managers should discuss these decisions with their Hub Managers in fortnightly supervision/management meetings, and also seek input/guidance where necessary, particularly with complex cases. Referral to another agency will usually involve the organisation of a multi-agency meeting which may also involve the Hub Manager.

At the end of the intervention, the meetings with parent, teacher and child are repeated, with the completion of post-SDQs as well as the teacher's target behaviours form. Some SPMs find it hard to secure the post-intervention parent meeting and are tempted to give up on them. However, the benefits from securing this meeting are **extremely useful**, since closure of the intervention is signalled and it provides a secure way of passing on the continuity of support to the parent. It is also valuable to The Place2Be to have complete data sets on a child. The completed paperwork goes to the Hub Manager and then on to Core Hub for analysis and inclusion in the Annual Report and Hub Review of the work undertaken.

3.3.6 Support for teachers in the provision of classroom work, e.g. "Circle Time"

The Place2Be encourages School Project Managers to support whole-class work and the integration of our work in the schools through the use of Circle Time. It is an excellent learning opportunity for the teacher and facilitates skills sharing as well as development of a deeper understanding of our work in the schools. Circle Time should be planned and facilitated in partnership with the class teacher or other school professional e.g. Teaching Assistant

The School Project Manager may well find that referrals or the need for other interventions are identified as a result of Circle Time however the role of Circle Time is not primarily to identify needs but to act as a positive support for the group identity of the class. It is about the mental health of the group and its sense of well-being.

School Project Managers should seek advice or input from their Hub Managers where they feel the need for further training or guidance regarding the running of Circle Time. Additional Circle Time training for SPMs is available.

3.3.7 Work with parents/carers in support of the needs of Pupils

Children who are referred to The Place2Be will need parental consent and the parents/carers will be involved in the assessment process through a meeting to discuss their perceptions of their child, at which the pre-intervention SDQ is also completed. Many SPMs find that it is valuable not to rush this process and arrange for two meetings with the parents/carers. Although there is, in many cases, anxiety about attending these meetings, it is always time very well spent given that the parent/carer is likely to be the most significant influence on the child and will therefore influence the sustainability of any changes which arise through the intervention. The School Project Manager should record this time as "Parent Work" in the activity report.

In the same way there will be a meeting at the end of the intervention, not only to complete the post-SDQ but to support the ending of the work with the child made by The Place2Be Volunteer Counsellor and to enable the parent/carer to comment on the effect of the work.

The SPM should be alert to the possibility that the parent/carer is signalling for support for themselves. To undertake such support is within the remit of the SPM, provided that it is clearly in support of the needs of the child and provided also that the course of action taken is discussed and authorised by the Hub Manager in supervision. It is not part of the remit of the SPM to undertake extensive or therapeutic work with adults (parents, carers or school staff). The sort of

work which commonly fits here will be brief, solution focused and will be limited to five sessions at most. Attention to the therapeutic boundaries involved is critical when the SPM is working with the parent and is supervising someone who is working with the child. The supervision given by the Hub Manager is very important. Where a need for work other than that described above is identified, the SPM should seek to support the adult through referral to other agencies or to a Place2Be Parent Worker if A Place for Parents is available/operating within the hub.

3.3.8 Work with School personnel in specific settings

In the complex world of a primary school, there will be examples of individuals or groups of staff who would benefit from being able to undertake a very specific piece of work around a clearly defined issue. An example of this may be supporting the school at times of trauma (e.g. terrorist attacks) or loss (a child or colleague) according to Local Authority and School procedure on the handling of critical incidents. (There are also The Place2Be guidelines on dealing with critical incidents.) The capacity of the School Project Manager to assist depends on their skills and the nature of the task. Such work should be discussed in advance with the Hub Manager and not undertaken without the express support of the Head Teacher. The Place2Be does not provide therapy for school staff. Where any potentially sensitive situations arise, staff should be directed to their line manager or Head Teacher, as appropriate within the school, for support available through these channels or for an onward referral. Please refer to The Place2Think guidelines for further information.

3.3.9 "The Place2Think" and sharing information with school staff

Teachers and non-teaching school staff engage with the work of The Place2Be at many different levels. It is an early task of the School Project Manager to work at achieving a high level of engagement from the teachers. This starts with making sure that they are all aware of who we are and what we do but it moves on to providing as much insight into the nature of our various interventions and services as possible.

Teachers may well want to know what is going on with individual children. School Project Managers should be available and approachable to share this interest and look at ways in which the teachers' insights and understanding of a child can contribute to the work. This is done firstly through the initial interview when agreeing what issues about the child the teacher would like to see change, when considering the answers to the SDQ questions and when exploring the general background of the referral. Given the value of this input (which the SPM in turn feeds back to The Place2Be Volunteer Counsellor in order that he/she is not working in a vacuum) it is good practice to provide the best quality feedback we can to the class teacher. This can also contribute to the support network for the child in the longer term. The SPM, as the supervisor of The Place2Be Counsellor, will be able to make a judgment about what can be said/shared with a member of school staff. This can often be along the lines of "Have you noticed any changes that you can respond to?" or "It would be really helpful if you could give a bit of space in the first ten minutes after coming back into the classroom because the work is proving very challenging for her".

The Place2Be Volunteer Counsellors themselves may be unsure or reluctant to cross the boundaries that they understand to exist regarding information sharing. As the manager of The Place2Be work in the school, it is therefore important for the School Project Manager to make this link and to ensure the appropriate exchange of information with relevant members of school staff. Notwithstanding, it is equally important for The Place2Be Volunteer Counsellors to remain in contact with school staff on a general level and to understand that they are working within a professional community.

Over and above the issues about individual children, teachers will value having an understanding of the processes which are being followed and opportunities to share this with them either informally or in INSET should be pursued. At a different level, some teachers will want to explore

for themselves how their feelings about and reactions to the children influence the dynamics of their relationships with the children. This is the core work of The Place2Think. This is not therapy, and teachers will need to be directed to their line management support through the Head Teacher if the work seems to be heading that way. Hub Managers will need to encourage schools to make time available for staff to meet with the SPM. This will always be possible through informal meetings (schools work well on these five minute chats) but a commitment of time from the school to provide the openings for sustained and systemic work is the target.

Please refer to the guidelines on The Place2Think and the policy on Information Sharing and Confidentiality.

3.3.10 Contributing to School INSET for School personnel

The Place2Be Training Department is able to provide accredited training courses for a range of school staff including teaching assistants, learning mentors, mid-day supervisors and those wanting to undertake The Place2Train programme.

However, SPMs and Hub Managers should feel able to respond to requests from schools to provide a limited service of explanation, clarification and information sharing. Indeed, such opportunities, which can be seen as co-professional development, differ from training as they enhance the direct working relationship between the partners and establish a pattern of being co-learners.

3.3.11 Liaison with other support agencies.

There is now a multiplicity of service providers operating in and with schools. The SPM needs to be aware of these and to keep the Hub Manager informed about them. At the same time, the Hub Manager will be identifying the services across the hub which requires him/her to forge strong professional contacts. Of the statutory services, specialist CAMHS or its equivalent is an essential co-working agency. At present, we should be able to establish ourselves as a credible referral process which can short cut the elongated systems that have operated in the past.

We should expect to be party to multi-agency meetings about the welfare of children known to us and in most schools there is an established multi-disciplinary meeting once a term which involves external professionals meeting with the SPM to think about and support the child.

Within the school there may well be support staff for individual children operated by semi-statutory providers such as learning mentors, inclusion managers and home-school liaison.

Shared learning

Sessions occupy two to three hours once a fortnight and provide an opportunity for Hub Managers to support their team, for the team to support itself via peer support and for clinical and managerial dilemmas to benefit from joint problem-solving and shared learning. The Regional Manager or other members of The Place2Be's Senior Management Team may attend these sessions as they provide opportunities for face-to-face communication, continuing professional development and training. Similarly individuals from Core Hub may visit from time to time to disseminate information and gain feedback. A good example of this is the Research and Evaluation team who may discuss Hub impact reports or reports from the Training department.

All Shared Learning sessions should have a planned agenda including business items and the relaying of management/strategic information.

Management of The Place2Be project in the school

The Place2Be Volunteer Counsellors are undertaking *clinical placements* in the majority of instances and their relationship to management is that of *trainee*. Matters relating to their performance are thus *clinical issues* rather than personnel issues and should be addressed via clinical supervision. The Place2Be Counsellors are expected to be in school for the full school day and should be allocated three children for one-to-one intervention at the **earliest opportunity** but also bearing in mind the level of clinical skills the VC may have. More experienced, and preferably qualified, Place2Be Volunteer Counsellors may assist with Groups and with additional Place2Talk sessions, with the agreement of the Hub Manager. It is the responsibility of the School Project Manager to ensure that all documentation is completed.

The management of **resources** owned and used by The Place2Be in schools is the responsibility of the School Project Manager. It is their job to ensure that all **rooms** used by The Place2Be are left in a satisfactory state both between sessions and at the end of the school day. School-employed staff are expected to clean the rooms but they may refuse to do this if the rooms are left very untidy, messy or dirty. The Place2Be Volunteer Counsellors are expected to clear up after each session.

No child is to be seen one-to-one with an adult in a room which does not have a viewing panel. In the case of rooms which are remote from passing adults, School Project Managers should aim to walk by the viewing panel periodically.

Equipment such as play materials should be kept carefully so that the children continue to respect and wish to use what is available. Where equipment becomes badly used or damaged, it will need to be replaced. Boxes enable individual children to be given their own consumable equipment for sole use (though not, of course, to be taken away by the child until the work is ended) and thus it is their choice about heavy-handedness, destructiveness and having nothing left. There need to be rules about the equipment which is shared with others.

All rooms are equipped with a standard list of materials and playthings and equipment should not be ordered unless it conforms to The Place2Be equipment list. An **inventory** should be taken each year before the end of July and new equipment or consumables ordered with the approval of the Hub Manager. The Place2Be rooms will thus be fully replenished each September. Ordering of materials and equipment is undertaken through the school. The budget is to be checked with the Hub Manager. In order to manage this process effectively, equipment should not be ordered at other times unless there is a real urgency. In such cases, School Project Managers should discuss the circumstances and seek approval from the Hub Manager.

"Out of pocket" **expenses** are covered by the expenses protocol and claimed on the standard The Place2Be Expenses Claim Form. Receipts will need to be provided with the claim. Travel expenses cannot be claimed for journeys to and from work. There is a small term allowance to provide for refreshments. The Hub Manager will advise on the sum and this may be claimed as "out of pocket" expenses.

Letters to parents should be forwarded via the school's postal system. Expenses connected with the children should be met by the school since the children are, at all times whilst in school, the responsibility of the school. This includes all stationery used in The Place2Be office, unless supplied by Core Hub. The school should deal with any illnesses or injury reported to The Place2Be staff by a child. This is an important Health and Safety issue.

All School Project Managers must be familiar with The Place2Be's policies and procedures. SPMs should also familiarise themselves with the sections of the school contract which refer to their own work and to the obligations of the school and MUST be familiar with and adhere to the School Health and Safety Procedures at all times.

Records

A **lockable filing cabinet** is provided for the sole use of The Place2Be in each school. Only the School Project Manager, Hub Manager or The Place2Be senior manager should have access to it, since it contains confidential information about children, parents, teachers and The Place2Be staff. Please refer to The Place2Be Data Protection and IT policies for matters dealing with security of computer files.

Careful record keeping is essential for effective clinical practice and The Place2Be Counsellors will have adequate time to make **session and process notes** during the day. These notes should be available during their supervision sessions and then kept confidentially in line with The Place2Be policy and procedure on clinical note-taking.

All confidential or sensitive information should be locked away when the School Project Manager is not present in the room. **Each child referred** must have a file containing all paperwork relating to that child's needs, which should be retained for three years after the child leaves the school.

Please see the Child Protection policy and procedures document for guidance on records and paperwork in these cases.

The SPM works with a complex client group, having some direct clinical work with children in groups, in The Place2Talk and possibly in some one-to-one and has supervisory responsibility for the children being seen by The Place2Be Counsellors. Records of all this work need to contain sufficient detail to enable the SPM to respond to professional support in their own supervision. However, our **indirect clients** include **parents, teachers and the school and wider communities as a whole.**

It is unrealistic to expect detailed notes to be taken of every aspect of the SPM's day. Parent and teacher support should be recorded as carefully as possible. The SPM will have a legitimate interest in the emotional climate of the school and in the dynamics of staff relationships. Keeping a record of significant observations, events and conversations will enable SPMs to raise relevant issues with the Hub Manager to manage relationships proactively and to anticipate and avoid misunderstanding etc. where possible. Keeping a running record of the above will enable the School Project Managers to produce considered and informative **end of term reports** (using The Place2Be SPM report template).

Reporting

The Place2Be's senior management must have full information about all aspects of The Place2Be's operation. In part this is so that we can continue to learn and develop policy which enables our model of service provision to be effective and efficient. This is also so that we can ensure the quality of the service that we are operating in line with our policies and procedures, that the work is safe and that risks are being appropriately managed.

In addition, the funding of The Place2Be (which is increasingly from government sources) requires us to report on the activity carried out and the outcomes achieved by that activity. Both the future funding of existing services and the expansion of our operation rely on active monitoring, reliable reporting and assured quality of service.

The referral and assessment process provides the opportunity for School Project Managers to report to The Place2Be's senior management on the needs of the children referred and on the interventions provided.

The clinical intervention paperwork (and SDQs) is used to capture information needed both at the school level (for casework management) and at the organisational level (for quality assurance). At the end of each term, **original** documents should be handed in to the Hub Manager **once a case has closed** and once you are satisfied that **every attempt has been made to achieve a full set of forms appropriate to the intervention**. Your Hub Manager will then pass on case paperwork to Core Hub in a secure and confidential manner. If a case is continuing from one

academic year to the next (for example, when a case is opened in the summer term for a long-term intervention) the current policy is to keep these cases open i.e. do not complete post SDQs but instead make a note on The Place2Be assessment sheet that the case is continuing to the next academic year. Please forward the complete set of opening paperwork to the Hub Manager at the end of the summer term for any cases that are still open at this point. **Please write a clear note on the case information sheet that the child is continuing to the next academic year.**

Photocopies of the forms should be made at school by the School Project Managers and kept on the children's files. The forms are retained for three years by the SPM in the school.

In the case of The Place2Talk, electronic monitoring registers must be completed and forwarded to your Hub Manager at the **end of each term**.

The information provided on the forms will be entered on The Place2Be's database and included in our end of year reports. All information is treated confidentially and is protected by the Data Protection Act.

Identities are disguised in any publication to protect confidentiality.

Schools are required to write **Individual Education Plans** in respect of children with special educational needs. The DfES guidance on the education of children with special educational needs indicates that children who require support from an external agency (such as The Place2Be) should be School Action Plus, in order for schools to benefit from the additional resources available for these children. Where this is the case, a report from the School Project Manager (on the **Contribution to the IEP** form) enables the school to include important evidence about the support which is being provided to the individual child by The Place2Be.

At the end of each term the School Project Manager should provide the Head Teacher with a School Project Manager report summarising the work of The Place2Be and the progress and challenges during the preceding term. This report, following the SPM report template, should be discussed and approved for distribution in advance by the Hub Manager. In the summer term, the school review, held annually, will give rise to its own report and objectives for the following year. These reports are vital in establishing the value of The Place2Be's work with young people in schools and we rely on the School Project Managers to submit their evidence in an accurate and timely manner.

Where written information on a child is requested, it is always better to write this specifically **for that recipient** so that their requests, needs, perceptions and wishes are held in mind. It is never acceptable to pass on someone else's report, whether written or verbal, without express permission, to a third party. If asked for a report or information on a child or family by any external agency, School Project Managers should consult with their Hub Managers and the school before committing to providing the report and also ensuring additional consultation on the draft. A final draft should be reviewed by the Hub Manager and the Regional Manager prior to circulation and a copy is kept on file.

No member of staff should independently report on the work of The Place2Be without the express permission of the Chief Operating Officer.

Any requests for information from the **media** should be referred immediately, without comment, to the Chief Executive and the Marketing and Communications Manager based at Core Hub.

Developing and modifying interventions

The Place2Be has implemented and developed a range of interventions with children, parents and teachers. Their inclusion in our portfolio of services is based on demonstrated effectiveness and we continue to evaluate their outcomes. For these reasons it is **essential** that School Project Managers operate within the parameters described at induction and recorded in the School Project Manager and The Place2Be Counsellor manuals. Any developments to our policy on interventions will be communicated clearly with opportunities provided for consultation, training and support.

External agencies

Schools work closely with a range of external agencies, some of which have a statutory responsibility for meeting children's needs. The outcome of our referral and assessment process may be that a child's needs are so significant as to require the attention of a statutory agency. Reviews of progress, case conferences, closure reviews, etc. may conclude that referral on for further help is required in cases where The Place2Be support alone is insufficient. Parents may request support that falls outside our brief, e.g. for personal therapy or for family conflict resolution.

For these reasons, it is important that School Project Managers familiarise themselves with relevant agencies, seeking good working relationships and fostering partnerships. Developing a resource bank of information about complementary agencies operating locally to the school will be useful in helping the school and parents to enlist support which falls outside The Place2Be brief.

Further guidance

Further guidance for School Project Managers and other staff can be found on the Shared drive within the Policies and Procedures folder.

Appendix 3



The Referral and Assessment Process

Rationale

It is *operationally* imperative that we explore the process and outcomes of our work, since we need to establish whether, to what extent and how we are delivering our primary task, i.e. the provision of therapeutic and emotional support to children in school.

In the current climate of audit and accountability, it is not enough to say that we have provided this support simply by placing a child with a worker. Schools need to be able to demonstrate that the children have benefited from what we do, not only because schools have to justify how they spend their budget, but also because children who come to The Place2Be are spending some of their precious time out of class and away from the teaching which is their primary reason for going to school.

The main benefits of the referral and assessment process are:

- To enable those children giving rise to concern within the school system an opportunity to have their needs considered fully and systematically by The Place2Be
- To enable all those who are most involved with each child to communicate effectively – teachers, parents, external agencies, The Place2Be – pooling their understanding and efforts so as to work consistently in support of the child
- To enable The Place2Be to co-ordinate with both the school's and LEA's procedures, including those that are statutory, such that existing systems for problem-solving and resourcing are enhanced and supported, not undermined
- To enable The Place2Be to identify those children who might benefit from direct Place2Be interventions
- To enable the school and parents, with the support of The Place2Be, to consider, implement or refer for appropriate alternative support in those cases where Place2Be interventions are not deemed appropriate
- To enable finite resources to be directed to those children who most need direct Place2Be support and to prioritise the work appropriately
- To enable The Place2Be to determine the most appropriate form of intervention for each child
- To provide a coherent record of The Place2Be involvement in each case
- To manage each referred case in a professional and considered way
- To enable The Place2Be to provide an audit of all clinical work conducted in each school annually
- To identify the gains made by each child following The Place2Be involvement
- To facilitate casework decision-making post-intervention

- To enable The Place2Be to learn more about the relationship between assessed need, intervention and outcome, i.e. what works best for whom?

Referral

In the majority of cases, teachers refer children who are giving rise to concern. A number of issues are apparent in this scenario and will be dealt with in turn.

The question of how teachers are to know which children are to be referred is an issue that requires the continuous attention of the School Project Manager.

All schools that enter into a service delivery contract with The Place2Be receive a series of *induction sessions*, which are aimed at school staff and seek to enable them to appreciate the needs that The Place2Be can meet.

However, there is in all schools a turnover of staff, which means that over time there may be few staff remaining who have received this induction.

Staff meetings provide a regular forum for the school teaching staff to discuss current issues and School Project Managers are encouraged to negotiate time at these meetings with school senior management to keep the level of The Place2Be awareness among the teaching staff high.

School support staff also need to be kept in mind. Although they are unlikely to have the authority to refer a child to The Place2Be directly, their support is essential and they may provide an early warning of need to teachers. There are likely to be regular meetings for these staff that could provide a useful platform for The Place2Be.

The question of why teachers refer children to The Place2Be requires constant vigilance.

It might be argued that teachers are more likely to refer those children who undermine the teacher's ability to carry out the primary task of the school – this requiring a quiet, orderly space where motivated pupils can progress through the National Curriculum. It might be argued further that children with learning difficulties who reject the teacher's authority may come to be viewed as disturbed and deviant and that some respite from their presence *as well as acknowledgement of their deviance through the attribution of the emotionally disturbed label* provides the teacher with some relief from anxiety. This argument might further be developed such that The Place2Be could be identified as an agent of social control.

An additional, and more likely, scenario is that of the teacher referring a child because of a problem in their interpersonal relationship. It is common knowledge that a child deemed difficult by one teacher may well settle down and cause no further concern with a new teacher. Whether we describe such issues through technical language: "transference" or "theme interference" or simply think in terms of "personality clashes", the effects can be powerful and may disrupt both the child's education and the teacher's equanimity for a year or more.

In order to guard against the possibility of inappropriate referral and to protect the valuable work that we do, a series of steps were introduced into the referral and assessment process.

As already outlined, teachers need to be educated about The Place2Be, and working to the Code of Practice, especially with regard to the role of the SENCO, will facilitate the assessment of the children so that we identify those whose difficulties are revealed by but not provoked by the demands of school.

The Goodman Strengths and Difficulties Questionnaire (SDQ), when completed by the teacher and the parent, will highlight any discrepancies in the perceptions of the teacher and the parent as well as differences in their understanding of the child's needs (for more information about the SDQ, please refer to **Monitoring and Evaluation for School Project Managers**).

Alongside the completion of the SDQ, it is essential that either the teacher or the SENCO fill in all four behaviour targets on the *School Concerns Form* (see **Monitoring and Evaluation for School Project Managers** for a full explanation of the forms required during assessment). If the referral adult cannot identify the rationale for all four behaviour targets, it is highly questionable that the child should be considered for an intervention with The Place2Be. Although this behavioural rating scale lends itself into identifying deviant or unacceptable acting out or externalising behaviour, it is important to identify any behaviour which gives rise to concern. It must be stressed that internalising behaviour, such as may be exhibited by a depressed, isolated, or withdrawn child should also be considered in this form. Since this is a major baseline by which we can measure a child's progress or stasis, it is highly recommended that this is completed as part of a formal discussion between the referral adult and The Place2Be School Project Manager. Teachers and SENCOs have to manage the pressure of time and their own paperwork and therefore may not necessarily give the task of completing pre- and post-intervention *assessment paperwork* the attention that is required to effectively measure a child's reaction to a Place2Be intervention.

If through mobility or sickness a referral adult is not able to complete the post-intervention paperwork (SDQ and School Concern Form), it is the SPM's responsibility to ensure that either the SENCO or the locum teacher is made aware of the rationale for referral and may feel able to complete the required paperwork themselves, which will form a significant subjective measure and will be included in the audit to each school. Further to this, it is imperative that SPMs ensure that the questions on the school referral form are given due importance and completed with care and attention.

Ultimately, only with parental consent can The Place2Be make an intervention with children. There should be no duress about this, no pressure from the school, only reasoned argument based on clear evidence about the child's needs. Where consent is withheld, this should be recognised, as the parent's legitimate right to determine what is in the best interests of their child. Good parenting involves the exercise of personal authority and we do not wish to undermine this. However, even where consent to therapeutic support is withheld, there can be agreement to hold a review at an agreed time and in this way The Place2Be's input into the management of the child's emotional needs can be sustained.

Where there is any doubt about the appropriateness of referral, it may be deemed most helpful to see the parent or the teacher for one or more sessions, rather than the child, to help address the concerns and to work *indirectly* on behalf of the child with those who have existing relationships with the child.

We know that sometimes teachers refer children because of concerns about the child's home life rather than because the child is showing signs of distress. Some children adapt well to difficult circumstances and we need to be cautious about rushing to offer direct emotional support where a need is not recognised by the child. One of the key "resilience factors" for mental health is having a sense of autonomy. To push unwelcome or unnecessary support at a child might undermine this autonomy through the message "*We know you need help and you will have it*". Where it is primarily the parent who needs help, seeing the parent and suggesting referral to an appropriate agency can support both the teacher and the child indirectly.

In recognition of the legitimate anxieties of teachers about the well-being of the children (and indeed, the enormous burden on teachers who are in loco parentis to around thirty children at any one time), as well as the tendency of us all to become emotionally caught up in the lives of those we seek to help, SPMs are now offering consultation sessions routinely to teachers. These may be offered to a teacher during the referral and assessment process in response to a referral or can be booked separately by teachers who have concerns but who have not at that stage referred the child in question to The Place2Be.

Finally, no child is provided with direct Place2Be support without personally giving informed consent. Coercion is clinically unsound; there can be no therapeutic relationship where a child attends against her will. The interview of the child by the SPM during the Referral and

Assessment Process is an essential component of the procedure and it enables the following key issues to be addressed:

- The need for the child to be informed about what The Place2Be support involves
- The ascertainment of the child's wishes with regard to The Place2Be involvement
- The child's view of the concern expressed by her teacher and her parent
- The child's perception of her needs
- The beginning of a contract between The Place2Be and the child, especially with regard to target-setting for the work
- The options available should the child decline The Place2Be support at this stage

Teachers may overlook some children with significant needs because they are quiet or are able to cover up their distress.

It is understandable that teachers with a hectic workload and many other children to oversee are less likely to spot the neediness of the withdrawn child as opposed to the urgency of the child who acts out.

For this reason, The Place2Talk was set up. It is important to emphasise that *self-referral* is the main purpose of The Place2Talk; although a secondary gain is the opening up of The Place2Be to a wider range of children than we might otherwise see.

Although The Place2Talk is primarily run by the SPM, we encourage The Place2Be Counsellors to assist SPMs in running **additional** Place2Talk in the children's lunch time period. This has the benefit of addressing the waiting list for The Place2Talk sessions, which is of particular concern in a medium to large school. The Place2Be Counsellor will receive additional supervision for this work and must be confident about Child Protection policy and procedure.

A more difficult to manage arrangement is the referral of children by their parents. We know that this does sometimes occur, but there is no obvious mechanism within schools for parents to refer their children to The Place2Be.

The letter that goes out from school to all parents to gain blanket agreement for The Place2Talk is likely to bring information forward to parents who might seek help. In addition, parents who seek help from their child's teacher, SENCO or Head teacher have an opportunity to hear about The Place2Be. An additional means of connecting with parents is via parents' evenings at school and some of the SPMs have found this to provide a useful opportunity to connect with parents who have concerns about their children's emotional development. Naturally, in the case of parent referrals, children should undergo the same process of assessment as in other cases.

The question of prioritising referrals is also a key issue for The Place2Be.

Teachers operate individually; the referrals each one makes will occur without reference to the concerns their colleagues have for children in other classes. What may appear to be a priority referral for one teacher may not be so for the school as a whole. Factors which will have a major influence will be the indices of deprivation in which a school must operate the size of the school and the numbers of children who are referred. Prioritisation of referrals will always be influenced by the context of The Place2Be school.

Every school *already* has a system for supporting the concerns that teachers have about the children. This system is co-ordinated by the school's SENCO and the standards for the system are set by the Code of Practice on the Identification and Assessment of Special Educational Needs.

The children seen by The Place2Be are those whose mental health is at risk. They have been identified by teachers through concern about observable symptoms of distress. The Code of Practice explains that such children are likely to have a special educational need because of an emotional and behavioural difficulty.

As the teachers with delegated responsibility for implementing the Code of Practice, it is clear that the SENCOs are best placed to help The Place2Be identify, prioritise and manage appropriate referrals since they:

- Have an overview of EBD needs within the school
- Know what school-based support is/has been available to the child
- Know what external support is/has been available to the child
- Appreciate the range of needs expressed by the child (e.g.. whether the child has a hearing difficulty or a problem with literacy)
- Know the child's history of special needs (since the child will usually have a change of class teacher each year)
- Have had some contact with/be in a position to contact parents
- Have time outside the classroom other than at lunch breaks to link up with The Place2Be
- Keep and co-ordinate records on the child
- Co-ordinate all special provision made to the child
- Co-ordinate all communication made in respect of the child
- Are likely to be a senior, experienced teacher
- Are likely to have received specialist training in SEN, including EBD

It is The Place2Be policy for each school to nominate a person who will provide the main link to the SPM. The case for this being the SENCO is compelling and it is difficult to imagine a case for this being someone else. In the case of sickness or absence the role of SENCO can be devolved to the Head teacher or their deputy.

Under the Code, children whose needs give rise to concern should have been discussed with their parents long before any external referral is made. This will have been arranged by the teacher in the first place and subsequently, if concerns persist, by the SENCO.

Moreover, it is the SENCO who will have responsibility for referring a child for additional support where the child's needs lie beyond the resources of the school (e.g. to The Place2Be). In order to take this step, consent will have been obtained from the child's parents and a supportive partnership between the school and the parents will already have begun.

This process provides the most appropriate basis for The Place2Be involvement since it offers a considered, thought-through and carefully managed response to need on the part of the school.

Crisis management is not good practice and should be avoided. Apart from the fact that it is hard to think clearly and make decisions effectively when caught up in crises, time-tabled activity is disrupted, which produces its own repercussions. Where real crises arise because of unforeseen, traumatic events (for example, a child dies or a parent has become seriously ill), The Place2Be sees it as entirely appropriate to provide support at short notice. However, crises are not routine occurrences and in the majority of cases referrals should be made on the basis of a child's assessed need over a period of time.

If The Place2Be staff are swamped with referrals of children at short notice – children who have not been thoughtfully assessed, have received little or no school-based support, are not known to the SENCO – primarily because they are refusing to co-operate with school staff, (and more than

likely whose parents are feeling angry and defensive) then we are bound to fail in our primary task because this does not provide a proper basis for *therapeutic* support.

The process of assessment itself can be therapeutic. It enables the casework to be thoughtfully managed and prioritised. The Goodman Strengths and Difficulties Questionnaires enable The Place2Be staff to identify the level of difficulty experienced by the individual child as well as the nature of the difficulty and the child's prosocial strengths. This information assists the process of determining which children are in greatest need as well as the most appropriate form of intervention to offer.

School Records

Schools are required to keep careful records of children's educational progress, special educational needs, and school attendance, and of correspondence with parents and external agencies. Parents have access to these records.

The school records can provide The Place2Be's School Project Managers with a wealth of information about the child whose emotional development is giving rise to concern.

When considering any evidence about children, it is essential to give consideration to the status and reliability of that evidence. Hearsay and second or third hand information warrant particular caution; much mythology arises through such well-meaning but sometimes misleading interpretations of events and gossip needs to be avoided. High standards of professional communication are required of The Place2Be staff. Moreover, *confidentiality is a cornerstone of our practice and so schools should only share information about identified children and families with The Place2Be once parents are aware that a referral is being made and that this will necessitate the sharing of information.*

The involvement of statutory agencies will have been recorded by the school; including the notification and involvement of *Social Services* if there have been Child Protection concerns. It is essential for the professional management of our casework that such information is noted and The Place2Be's *Teacher Referral Form* provides a section for this.

The child's attendance record will reveal whether there have been problems in this area. The LEA's *Education Welfare Service* may have been involved in securing attendance or may have been involved with the child for other reasons, including Child Protection issues and poverty. Children who attend school rarely or erratically are unlikely to make full use of The Place2Be interventions and, initially at least, indirect interventions via the teacher and parent may be more realistic.

The school has a duty under The Children Act to identify all those who hold *parental responsibility* for the child. These are the "parents" to whom we turn to share information, problem-solving and effort in meeting the child's needs. If a child is "looked after" by the Local Authority, it is from Social Services that we need to gain consent for our involvement.

In some cases, other agencies will already be involved in providing therapeutic, or other, support to the child and this may make a difference to our capacity to help directly. For example, *Child and Adolescent Mental Health Services* may be providing the family with therapeutic support (although for reasons of confidentiality the school is not always notified about this – this information needs to be sought from parents directly). In such cases it will be important to establish contact with the services concerned to discuss the school referral to The Place2Be.

It is best practice that multi-agency meetings consider children who are of high concern to the school and external agencies. This is invariably arranged and chaired by The Place2Be Hub Manager and may be devolved to the SPM when a strong basis of trust and co-operation is established.

Some children are receiving a “package” of support which involves their spending significant amounts of time outside the classroom, for example, to receive speech therapy, specialist teaching for dyslexia, occupational therapy etc. In such cases, sensible management is likely to involve timing the interventions so that the child is not overwhelmed by intensive inputs from a range of different staff over the same period and so that absence from the classroom is minimised.

Educational Psychologists have been trained to assess children's special educational needs, including their emotional and behavioural difficulties. They are employed by the LEA to enable the Authority to carry out its statutory duty to identify and to meet the special educational needs of those children with the most significant needs. The demands of this work tend to leave little time for some of the other work in which they have been trained, including the direct psychological support of children, teacher training, teacher consultation, and therapeutic family work.

The EPs should be close allies of The Place2Be in carrying out our work since they are fully aware of the extent of the need in schools and the limits of LEA provision. Where a child is known to the EP service, we should be consulting with the EP attached to the school, reviewing casework and problem-solving jointly with the school.

We need to know the previously assessed needs of the children referred to us. Do they have a sensory or physical disability or a history of learning difficulty that might help to explain some of their emotional difficulties? If such disabilities and difficulties exist, what has the school/LEA already tried/put in place to help the child and are there any implications for The Place2Be involvement?

If the child is causing so much concern that referral to an external agency (e.g.. The Place2Be) is warranted, it follows that the child should have been entered on the school's SEN Register. If this is not the case, it will be important to explore the reason, since the register provides the most appropriate means of demonstrating the partnership between the child, the school, the parent and the external agency in making efforts to overcome identified difficulties.

If the child has a statement of special educational needs, this means that the LEA *legally* shares responsibility for meeting the child's needs with the school. Any additional input provided through the school should be negotiated not only with the school and the parent, but also with the LEA.

Other *voluntary agencies* may have been involved with the child and their family, offering valued support, and it is essential that we work together towards shared aims in a spirit of co-operation and mutual respect.

Assessment

Assessment involves the gathering and interpretation of evidence that will shed light on a current situation.

Research suggests that psychological interventions in support of children's mental health need to be targeted according to assessed need if they are to be effective.

Assessment enables staff to appreciate the needs of individual children as well as their relative need so that interventions can be prioritised.

Teacher referrals and school records yield useful information about the child's current school performance and developmental history. The hoped-for outcomes identified by the teachers enable targets to be set for the work and the effectiveness of the interventions to be judged.

The Goodman Strengths and Difficulties Questionnaire contributes to our knowledge about the clinical significance of the observations made by teachers and parents and by the children themselves about their difficulties.

The initial assessments of the children enable the School Project Manager, supported by school staff, to make judgements about the needs of the children and hence to make informed decisions about provision.

The interventions made with the children themselves provide an on-going assessment of the child's needs and progress, beginning with a process of contracting between the worker and the child. Further assessment is undertaken post-intervention in order to consider the child's current and future needs and in order to establish what changes have taken place.

This final Place2Be assessment involves the exploration of child, teacher, worker and parent perceptions, including the administration of the Goodman Strengths and Difficulties Questionnaire and completion of the School Concerns Form relating to individual behaviour targets.

Special Educational Needs

Some schools appear to have experienced uncertainty about whether the children with emotional difficulties who are supported by The Place2Be necessarily have a special educational need.

It is the view of The Place2Be that the emotional needs of children require greater recognition in schools and LEAs, that problems in this area *necessarily* affect adversely the child's development and his/her ability to learn in the widest sense.

The Code of Practice defines a special educational need as a learning difficulty and states that a child has a learning difficulty if he or she has a significantly greater difficulty in learning than the majority of children of the same age.

Much depends on the interpretation that schools make of this definition. If learning is defined more narrowly as progress within the National Curriculum, then only those children attending The Place2Be who are behind in their academic performance will be included in the SEN Register.

However, the Code of Practice, in considering the needs of pupils with emotional and behavioural difficulties, appears to recognise that academic progress per se is not the key criterion for the recognition of special educational needs within this domain.

The Code states that: "Pupils with emotional and/or behavioural difficulties *have* learning difficulties as defined above. They *may* fail to meet expectations in school and in some but by no means all cases may also disrupt the education of others.....emotional and behavioural difficulties may also be associated with other learning difficulties."

In circular number 9/94, "The Education of Children with Emotional and Behavioural Difficulties," the DfES provides further clarification of the standing of emotional and behavioural difficulties as a form of learning difficulty in itself: "Whether the child is judged to have EBD will depend on the nature, frequency, persistence, severity, abnormality or cumulative effect of the behaviour compared with normal expectations for a child of the age concerned. There is no absolute definition."

Thus, "learning difficulties" are not confined narrowly to scholastic performance. Children whose academic progress is comparable to that of other children within the age range may be deemed to have special educational needs on the basis of an emotional or behavioural difficulty as described above.

The Code of Practice suggests that the majority of children with special educational needs can be supported adequately by existing school resources. However, some children (currently at Stage 3 of the register but in future this level of need will be described as Support Plus) require interventions which demand more support than the school is equipped to provide.

In such cases, the school is required to draw on the expertise of external agencies in fulfilling its obligation to meet the special educational needs of the child. The Place2Be, as an external agency, is well-placed to support the school in assessing the emotional needs of the child, setting targets for improvement, identifying appropriate interventions, providing interventions and measuring outcomes.

For School Action Plus, in many LEAs there is a mechanism for providing additional funding so that the school is able to purchase external support for the child. The evidence required to release

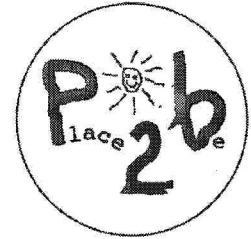
this funding is contained in the Individual Education Plan drawn up by the school on behalf of the child.

Throughout this process, the SENCO is key to effective communication (between home, school, The Place2Be, LEA and other agencies), co-ordination (of The Place2Be inputs with class-based inputs, home contributions and the involvement of other agencies), review and decision-making.

The Place2Be will support school SENCOs in gathering the required evidence and presenting this effectively. The Place2Be's own record, *Contribution to the Individual Education Plan*, provides a record of our Stage 3 involvement, based on assessed need, with clear aims for the work and targets to be met over the shorter term.

The implications for the involvement of the school SENCO in the process of referral, assessment and review are clear: sufficient time needs to be negotiated between the SPM and the SENCO to avoid omissions and delays in implementation.

Appendix 4



Child Protection: Safeguarding Policy and Procedures

1. Background

The Place2Be's mission is to enable emotional and therapeutic support to be provided to children in primary schools.

Children may, through the relationships provided to them by The Place2Be, take the opportunity to share information about a harmful experience. This may happen in a direct way, through a verbal disclosure, or indirectly through play or demeanour or through another child. In addition, there may be some physical evidence of neglect or injury apparent, which is noted by a member of The Place2Be's staff.

It is essential that The Place2Be staff are aware of their duties following such events so that:

- The emotional and general well being of the child is promoted
- The law concerning Child Protection/Safeguarding is complied with
- The policies of the school and the Local Authority in which The Place2Be is working are respected

It is not the role or responsibility of The Place2Be to investigate allegations of harm or risk of harm.

2. The legal framework

The Children Acts of 1989 and 2004 provide the overall framework for safeguarding children and promoting their welfare. The child's welfare is to be the paramount consideration in all decision making concerning Child Protection.

The Government's guidance on safeguarding children, "Working Together to Safeguard Children" was updated in 2006 to reflect the changes in legislation and the "Every Child Matters" agenda, which confirms "Staying Safe" as one of the five Key Outcomes that are at the heart of services for children and young people. The key processes for protecting children are summarised in the guidance, "What To Do If You're Worried A Child Is Being Abused" (DoH et al 2003/2005).

"Working Together" acknowledges the need for all providers of children's services, including those in the voluntary sector, to be working in collaboration and to agreed local standards which will include:

- A clear commitment at all levels to the importance of safeguarding
- Clear lines of accountability within the organisation
- Safe recruitment practices and staff codes of conduct
- Procedures for dealing with allegations against staff and volunteers
- Arrangements for effective working, including information sharing, with partner organisations
- A culture of listening to service users

- Appropriate whistle-blowing arrangements
- Training for staff at all levels

The 2004 Children Act has required each Local Authority to establish a Local Safeguarding Children Board (LSCB) as the key statutory mechanism for fostering cooperation between organisations at a local level to promote the welfare of children and to ensure the effectiveness of what they do.

3. Duties

Local Authorities have a statutory duty to investigate where they have reasonable cause to suspect that a child is suffering or is likely to suffer significant harm and to take appropriate action to protect the child where necessary. Whilst Social Services departments have primary responsibility in this regard, the Local Authority has a duty to cooperate with the lead authority in supporting children and families. Section 175 of the Education Act 2002 places upon School Governors the duty to ensure that schools safeguard and promote the welfare of children.

"Working Together" recognises that a wide range of voluntary organisations provide services for children, including counselling for children with problems.

"Authorities should be alert to the opportunities to promote voluntary effort in their area and ensure that there is good liaison with voluntary organisations. Staff in these and other voluntary services concerned with children and families can also help by bringing children who are thought to be in need of protection to the attention of the statutory agencies."

At The Place2Be, the designated Child Protection Officer is Stephen Adams-Langley. He is a Regional Manager and is available to all staff for advice and guidance on all matters pertaining to Child Protection and Safeguarding. His telephone number is 07958 952 620 and his email address is stephen.adams-langley@theplace2be.org.uk. The Child Protection Officer is accountable to the Chief Operating Officer.

4. Recognition and referral

It is essential that professionals who work with children and families should be alert to the signs of child abuse. There are four categories of abuse:

- **Neglect:** this includes the failure to protect a child from exposure to any kind of danger, including cold or starvation, or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive
- **Physical injury:** actual or likely physical injury to a child or failure to prevent physical injury or suffering
- **Sexual abuse:** actual or likely sexual exploitation of a child
- **Emotional abuse:** actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill treatment or rejection

Various signs or factors that may suggest that a child might be at risk are described in a separate document or can be referred to in the LSCB Manual for the Local Authority, which every school will have.

The starting point of the process is that any person who has knowledge of or a well-founded suspicion that a child is suffering significant harm or is at risk of significant harm should refer their concern to one or more of the agencies with statutory duties and/or power to investigate and intervene.

In the case of The Place2Be staff, the relevant statutory agency is the Governing Body of the school, as represented by the Head teacher of the school in which the member of staff is working, or that member of the school's Leadership Team who holds designated lead responsibility for safeguarding (the Designated Person or Child Protection Officer).

Every school has its Child Protection policy, which will have been developed in conjunction with Local Authority and LSCB guidance.

5. Confidentiality

In establishing an initial contract with the child, the limits of confidentiality will have been conveyed to the child i.e. that The Place2Be Counsellor will need to inform the School Project Manager/ Head teacher at the school if s/he has concerns about the child's safety.

It is for the child to choose what is, and is not, spoken about during counselling sessions. It is not for The Place2Be Counsellor to interrogate or probe with further questions in order to establish detail or additional events. However, if what the child has said is unclear it is reasonable for The Place2Be Counsellor to ask for what was said to be repeated or clarified.

Where a disclosure of actual harm made by the child has been made, The Place2Be Counsellor must explain to the child that s/he will bring this information to the attention of the School Project Manager.

6. Action

Where actual disclosures of harm have been made by the child or observations have been made by The Place2Be Counsellor which indicates that harm may have occurred, immediately following the session The Place2Be Counsellor must:

- Write up the session as accurately as possible on a Place2Be Child Protection Form, detailing the child's conversation/actions, the sequence of these, and noting the exact words spoken where these can be recalled. Where The Place2Be Counsellor is paraphrasing, this should be indicated. If necessary, this record should be continued on a separate sheet of paper and stapled to the Child Protection Form.
- Discuss their concerns with The Place2Be School Project Manager at the earliest opportunity and certainly during supervision that day giving the School Project Manager the Child Protection Form. The School Project Manager will check this form for clarity and accuracy. It may be that the form needs to be amended.

The School Project Manager will, at the end of the supervision session, immediately report to the school's designated Child Protection Officer any actual disclosure by the child or observation made by The Place2Be Counsellor, which indicates that harm may have occurred or that the child might be at risk of significant harm. The School Project Manager in consultation with the school's Child Protection Officer will decide if the concern is a low-level concern or a high-level concern and this will be recorded on the Child Protection Form and signed by the school's Child Protection Officer.

6.1. Low-level concerns

If the concern is deemed to be a low-level concern a copy of the form will be left with the school's Child Protection Officer. This will enable the school and The Place2Be School Project Manager to monitor the child and be alert to the child's wellbeing. The Child Protection Form should be shown to the Hub Manager at the next available supervision for discussion. This form will be stored by the School Project Manager in a locked filing cabinet, and a copy does not need to be given to the Hub Manager.

6.2. High-level concerns

If, after discussion with the school's Child Protection Officer, the threshold of risk to the child is considered to be **high** a copy of The Place2Be Child Protection Form will be given to the school's Child Protection Officer to refer to when referring the case to Social Services.

The School Project Manager will then:

1. Complete electronically The Place2Be Child Protection Form on the computer giving a brief summary of the concern raised. (This form will not be signed).
2. Send a copy of this page by email to the Child Protection Administrator at cpadmin@theplace2be.org.uk. The Child Protection Administrator will enter the data onto the Child Protection Register and will issue the School Project Manager with an Identification Number to protect the anonymity of the child.
3. Report to their Place2Be Hub Manager, providing them with the original signed copy of the Child Protection Form – this will be the master copy.
4. Provide the Hub Manager with the Identification Number issued. The School Project Manager or the Hub Manager will record this number on the master copy.
5. Update the Child Protection Administrator and the Hub Manager on the progress of each case using the Identification Number to identify the case. The school Child Protection Officer is required by the terms of the School Contract to keep the School Project Manager informed, as far as possible, of progress in the investigation of the matter. The School Project Manager should check with the school Child Protection Officer regularly (and at least half-termly) to check the progress of the case and keep their Hub Manager informed of progress. The rest of the original Place2Be Child Protection Form must be completed by the Hub Manager as the case progresses.
6. Notify the Child Protection Administrator and Hub Manager when the case is closed. The school Child Protection Officer is required by the terms of the School Contract to provide a written statement of the outcome on completion of the investigation. However, a School Project Manager can record the outcome following verbal feedback from the school Child Protection Officer. This written statement will pass to the Hub Manager. A case is considered **closed** when one of the following actions has been taken:
 - The child is put on the Child Protection Register or is the subject of a Child Protection Plan
 - A visit by Social Services has been undertaken
 - A case conference is called
 - Social Services have considered the case and are taking no further action
 - Social Services have asked the school to work/meet with parents
7. The documentation is kept in the School Project Manager's locked Child Protection file while the case is open and when the case is closed the documentation remains stored in the Hub Manager's office for three years after which time it must be shredded.

At any stage of this process the Hub Manager can consult their Regional Manager. If there is a concern that the school is not fulfilling its duty under Child Protection procedures the Hub Manager must consult the Regional Manager. The School Contract reserves the right for The Place2Be to take matters further under these circumstances. Each Local Authority has a designated Senior or Lead Officer with responsibility for Safeguarding to whom concerns may be referred.

Where the School Project Manager has concerns about individual school policy and/or the school's adherence to policy in a particular case, s/he will bring the matter to the attention of the relevant Place2Be Hub Manager or his/her line manager. The school's Safeguarding Policy

should describe the mediation procedures which are to be used in circumstances where there is disagreement concerning the referral of an individual concern.

The relevant sections of the School Contract are appended to this policy.

7. Central Child Protection and Safeguarding Register

All The Place2Be Child Protection cases will be logged on to a central register and held at The Place2Be Core Hub Office. These cases will be monitored on a termly basis by The Place2Be Child Protection Officer. All Child Protection cases will be classified as either closed or open. Hub Managers and School Project Managers will be required to monitor open Child Protection cases, and report on action taken and the progress of each case. This monitoring will enable The Place2Be Child Protection Officer to produce a termly Child Protection report for the Senior Management Team and maintain the highest standards in Child Protection and Safeguarding.

8. The Place2Be personnel

Child Protection policy must also safeguard children from harm from those placed in positions of trust or care.

At The Place2Be the following steps are taken:

- No direct work with children can begin without receipt of two satisfactory references and Enhanced CRB clearance for staff and Place2Be Counsellors working directly with children
- A CRB check is carried out for all The Place2Be staff and will be updated on a three-yearly basis
- Induction training in Child Protection is delivered to all staff and Place2Be Counsellors
- There is a written manual of guidance for the School Project Manager, which spells out the responsibilities and procedures arising from this policy
- There is a written manual of guidance for The Place2Be Counsellors which spells out the obligations and procedures arising from this policy
- Viewing panels are in place in doors of The Place2Be rooms
- The School Project Manager makes regular checks of one-to-one sessions through viewing panels
- The School Project Manager interviews children in confidence
- The child has the choice to attend a session or not
- The Place2Talk (drop-in) provides an opportunity for children to raise any issues with the School Project Manager
- Weekly supervision of The Place2Be Counsellors is carried out
- The school SENCO maintains an overview of The Place2Be involvement in each case
- The written guidance specifies that there should be no contact between staff or Place2Be Counsellors and the children outside the formal school setting
- If any member of The Place2Be team in the school has concerns regarding the conduct of another member of The Place2Be they have the duty to report this concern in confidence to that person's line manager

If any member of The Place2Be team in the school has concerns regarding the conduct of any member of the school staff they have the duty to report this to the School Project Manager who has the duty to report it to their Hub Manager.

It is the responsibility of The Place2Be School Project Manager to ensure that s/hé is:

- Familiar with current school Child Protection policy
- Has liaised over school and The Place2Be Child Protection policy with the nominated Child Protection Officer
- Strictly adheres to school Child Protection policy

Details of casework are confidential. Selected information that relates to a pupil's physical, social or emotional well being or education will be shared by the School Project Manager with the Named Contact on a "need to know" basis. All records of work with each pupil will be kept securely in the School Project Manager's office until the work is completed. At completion of the work with each pupil, the records relating to that pupil will be transferred to the Hub Manager's secure files and will be retained for three years and subsequently shredded.

8.1. The contract between The Place2Be and the school states that:

The Place2Be shall procure that its personnel shall comply with the School's policies and procedures in respect of child protection and safeguarding notified to The Place2Be in accordance with Clause 5.1, provided that, in the event of an unresolved disagreement concerning the application of the School's policies and procedures in a particular instance, The Place2Be shall be entitled to notify the relevant local education authority designated child protection officer of any concerns it may have and shall inform the School of any such notification.

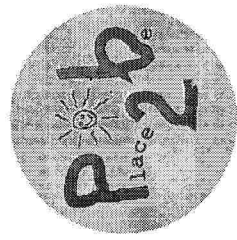
Place2Be personnel shall report any concern they may have concerning actual or potential abuse of any Pupil to the School's Child Protection Officer (Designated Person) in writing.

The School shall take action on any report made by Place2Be personnel under Clause 7.2 in accordance with the School's policy on child protection and safeguarding, and shall keep the School Project Manager informed not less than monthly of the progress of such investigation.

Upon conclusion of the child protection procedures, the School shall promptly provide The Place2Be's Child Protection Officer with a written summary of the outcome.

Appendix 5

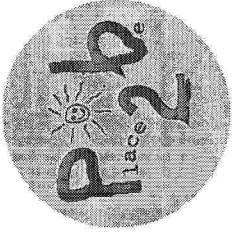
The Place2Be



Child Protection and Safeguarding Induction Training to Clinical Staff

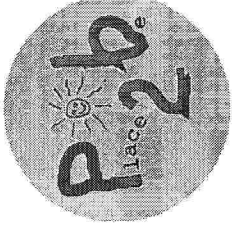
**Presented by
Stephen Adams-Langley
Regional Manager / Child Protection Officer**

Group Contract



1. We are all committed to supporting each other in our learning
2. We respect each others' integrity
3. We will give time and space for everyone's contribution
4. We will share out thoughts and concerns and expect to be heard
5. We will feel safe to "pass" if we wish to
6. We will respect the confidential nature of what we share

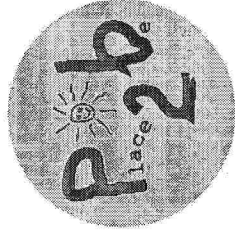
The Legal Framework



The Children Acts of 1989 and 2004 provide the overall framework for safeguarding children and promoting their welfare. The child's welfare is to be the paramount consideration in all decision making concerning Child Protection.

The Government's guidance on safeguarding children, "Working Together to Safeguard Children" was updated in 2006 to reflect the changes in legislation, the "Every Child Matters" agenda, which confirms "Staying Safe" as one of the five Key Outcomes that are at the heart of services for children and young people.

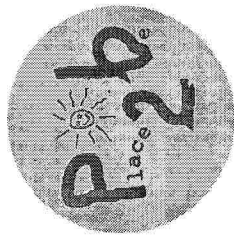
Working Together



“Working Together” acknowledges the need for all providers of children’s services, including those in the voluntary sector, to be working in collaboration and to agreed local standards which will include:

- A clear commitment at all levels to the importance of safeguarding
- Clear lines of accountability within the organisation
- Safe recruitment practices and staff codes of conduct
- Procedures for dealing with allegations against staff and volunteers
- Arrangements for effective working, including information sharing, with partner organisations
- A culture of listening to service users
- Appropriate whistle-blowing arrangements and
- Training for staff at all levels

Recognition and Referral



Neglect

- This includes the failure to protect a child from exposure to any kind of danger, including cold or starvation, or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive

Physical injury

- Actual or likely physical injury to a child or failure to prevent physical injury or suffering

Sexual abuse

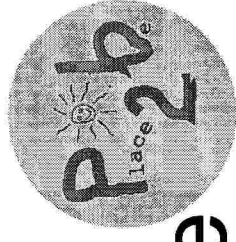
- Actual or likely sexual exploitation of a child

Emotional abuse

- Actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill treatment or rejection

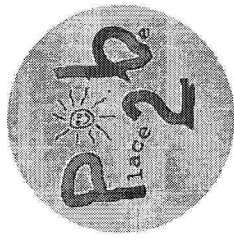
There is no clear dividing line between different types of abuse

The Place2Be Child Protection Policy and Safeguarding Procedure



- Confidentiality contracting with each child subject to caveat
- Actual or likely disclosure by child
 - Verbal
 - Through play/art/projective play
- Case immediately reported to School Project Manager
- Session is written on The Place2Be Child Protection Form by the School Project Manager or Place2Be Counsellor
- School Project Manager reports to the school designated Child Protection Officer
- Possible consultation with Hub Manager or The Place2Be Child Protection Officer
- Decision taken about threshold; high-level or low-level

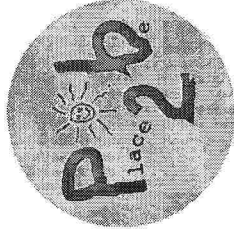
Issues To Consider When A Case Is Reported



- Risk to the child
- Adherence to Children's Act 1989 and 2004
- Government guidance (DOH) and Every Child Matter's
- Risk to the reputation of The Place2Be

Low-level concerns monitored by The Place2Be School Project Manager and designated Child Protection Officer and school professionals.

The Place2Be Central Child Protection Register



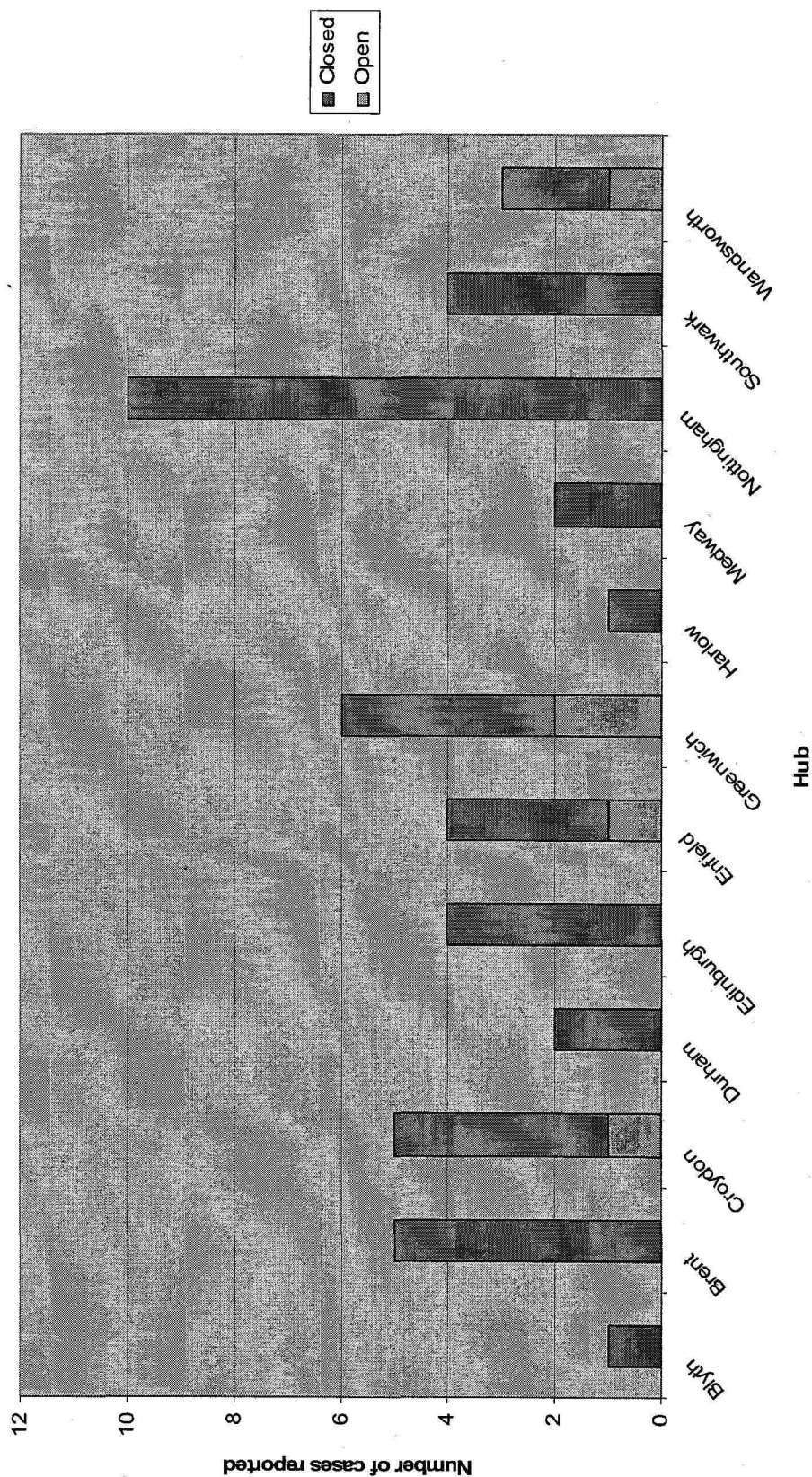
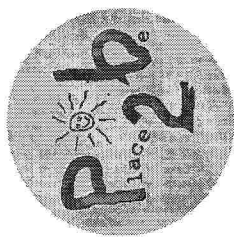
- The Place2Be central Child Protection Register established 1st September 2006
- Child Protection and Safeguarding Policy updated 2007

Each high-level case monitored by The Place2Be Child Protection Officer on a monthly basis in consultation with the Hub Manager until closure.

Case closure

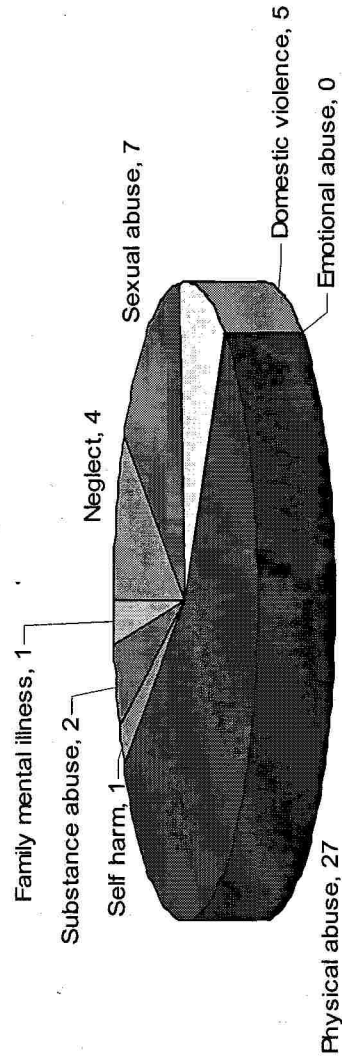
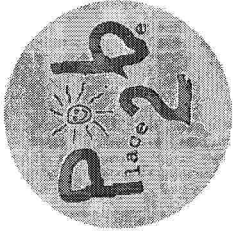
Put on CP register	CP
Social Services visit	SS
Case conference	CC
No further action	NFA
Parents spoken to by school	Sch
Child monitored by school	Mon
Child taken into care	Ca

Child Protection Cases Sept 2006 - May 2007



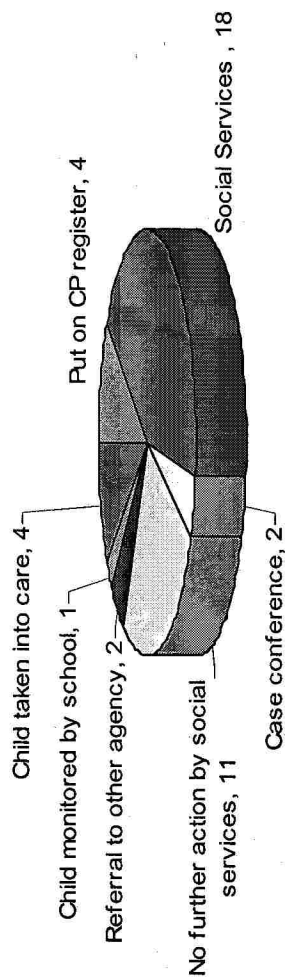
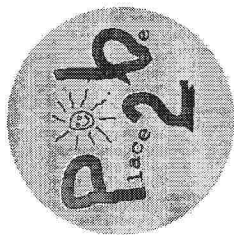
Reasons for Referral

Sept 2006 - May 2007



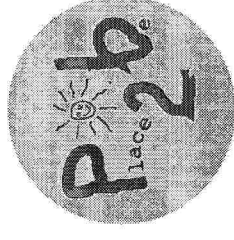
<input checked="" type="checkbox"/>	Neglect
<input checked="" type="checkbox"/>	Sexual abuse
<input type="checkbox"/>	Domestic violence
<input checked="" type="checkbox"/>	Emotional abuse
<input checked="" type="checkbox"/>	Physical abuse
<input checked="" type="checkbox"/>	Self harm
<input checked="" type="checkbox"/>	Substance abuse
<input checked="" type="checkbox"/>	Family mental illness

Outcome of Cases Sept 2006 - May 2007



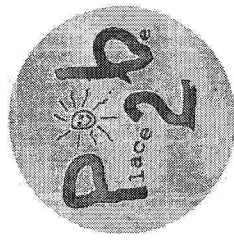
<input checked="" type="checkbox"/>	Put on CP register
<input checked="" type="checkbox"/>	Social Services
<input type="checkbox"/>	Case conference
<input type="checkbox"/>	No further action by social services
<input checked="" type="checkbox"/>	Referral to other agency
<input checked="" type="checkbox"/>	Child monitored by school
<input checked="" type="checkbox"/>	Child taken into care

Quality Assurance and Risk Management

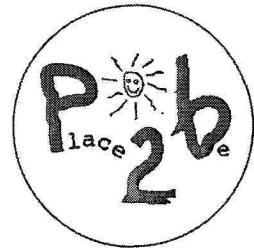


- The Place2Be central point of contact and monitoring high level concerns in The Place2Be schools
- Induction training for all The Place2Be clinical staff and Place2Be Counsellors
- Annual internal and external training for all School Project Managers and Hub Manager's
- All staff in contact with children are subject to an enhanced CRB clearance
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- Written manual of guidance for all staff and volunteers
- The Place2Be Child Protection Officer is available at all times to staff for advice, support and decision
- Advice from John Guest, Professional Advisor for challenging cases
- Contract clause to make direct referral to Social Services

Challenges



- Disagreement between The Place2Be and the school about the appropriate threshold level
- Lack of adherence to agreed procedures and protocol by the school's Child Protection Officer
- Cultural factors that influence physical abuse
- Child protection results in court case involving The Place2Be personnel
- Allegations made about school staff by a child
- In case of a serious dispute between The Place2Be and the school, we seek external advice by a named person within the Local Authority and consider a mediated meeting
- Social Services not responding to Child Protection referral's and concerns



Child Protection Scenarios

These scenarios are designed to be processed by small group of between three and six individuals. Hand out these scenarios on separate sheets of paper and divide the trainees into small groups. Flip sheet and pen instruct groups to record their responses and actions (10 minutes). Then ask a presenter to present to the entire group with feedback from trainer and group (approximately 20-30).

Scenario 1

You are working with Kareem. You notice that he has a bruise on his arm and a small bruise on the side of his face.

What do you feel?

What do you think?

What do you do?

Scenario 2

You have been working with Susie, aged 7. She plays in The Place2Be room preparing food and chewing food, and pretending to cook dinner for a play family. You notice later, that she is quiet, listless and withdrawn.

What do you feel?

What do you think?

What do you do?

Scenario 3

A Place2Be Counsellor rushes into your office and tells you that a child she has been seeing has been sexually abused.

What do you feel?

What do you think?

What do you do?

Scenario 4

Billy is ten years old. He has been referred because he is disruptive in class. He is a loner and has no friends. As he is drawing with crayons, he starts talking about how long Mummy stays in bed and how he has to bring her breakfast and help her with her pills. Mummy is often sad and watches television all day and never goes out or plays with Billy.

What do you feel?

What do you think?

What do you do?

Scenario 5

Two children come to The Place2Talk and disclose to you that their teacher has hit a child in their class by throwing him against a wall. They also report that they feel very frightened of this teacher and that she is verbally aggressive.

What do you feel?

What do you think?

What do you do?

Scenario 6

You see a parent for a referral meeting of her child. You notice the smell of alcohol on her breath. The teacher mentions that she thinks mum is 'using drugs'.

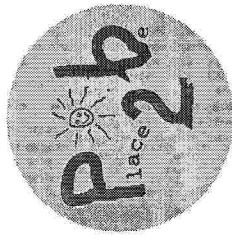
What do you feel?

What do you think?

What do you do?

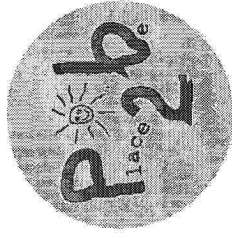
Appendix 6

The Place2Be



Domestic Abuse Presentation to Greenwich and Southwark Hubs 6th May 2009 Stephen Adams-Langley

Definition



Domestic violence / Abuse

“any incident of threatening behaviour; violence or abuse between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality”

Home Office 2008

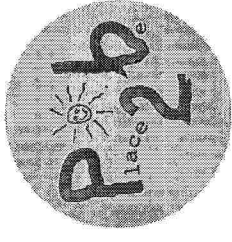
“Domestic violence, physical or emotional, is all about power and control”

Refuge 2008

“Domestic Violence is defined as behaviour which causes physical, emotional or psychological harm; abuse can include a wide range of behaviours such as verbal remarks, financial control, intimidation, isolation, threats, sexual assault or physical assault”

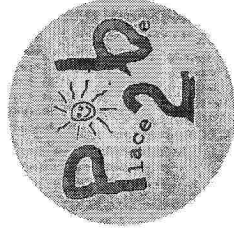
Ruth Aitkin, The Kings Fund 2001

Examples of Domestic Abuse

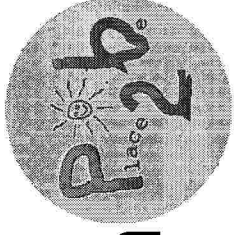


- Physical violence – slapping, pushing, kicking, stabbing, damage to property or items of sentimental value, attempted murder or murder
- Sexual violence – non consensual sexual activity including rape, sexual assault, coercive sexual activity or refusing safe sex
- Psychological/emotional abuse – intimidation and threats to children or family pets, social isolation, verbal abuse, humiliation, constant criticism, enforced trivial routines
- Physical restriction of freedom – controlling who the mother or children see or where they go, what they wear or do, stalking, imprisonment, forced marriage / honour based violence.
- Financial abuse – stealing, depriving or taking control of money, running up debts., withholding benefit books or bank cards.

Recent Facts & Statistics



- Violence within the family accounts for 16% of all violent crime. (British Crime Survey 2004/05)
- Estimate that 75% of Southwark children who are subject to a child protection plan are affected by domestic violence (Southwark Children Safeguarding Board)
- Over 20,000 women will become homeless this year because of domestic violence (16% of homeless total)
- Two women are killed every week in England and Wales by current or former partner
- On average a woman is physically assaulted 3 times before she seeks police help (Refuge 2008)
- It is accepted that domestic violence is closely involved with alcohol and substance misuse which might impede parenting capacity.
- The majority of domestic violence involves heterosexual males abusing their female partners or ex partners (British Crime Statistics 2003/4, 2005/6)
- Women are at greatest risk of being killed at point of separation or after leaving a violent partner. 76% of domestic homicides occur after separation.



Risk Factors/ Vulnerabilities for Women

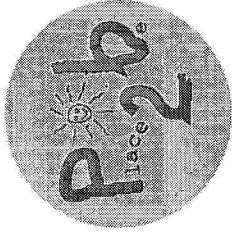
- 30% of domestic violence begins or escalates during pregnancy
- Identified by Lewis/Drife 2002 as prime cause of miscarriage, foetal psychological/ physical damage and foetal death
- Culture-Concepts of shame, financial dependency, language/literacy, immigration status, “honour crimes”
- Children with disabilities particularly vulnerable to domestic violence and sexual abuse
- 50% of women of Asian origin who have attempted suicide or self harmed are domestic violence survivors.



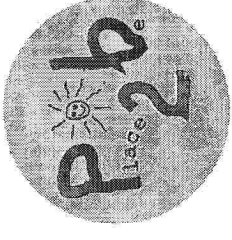
Maladaptive Parenting

- Over compensating
- Over controlling/ Punitive
- Over protecting
- Neglectful/impaired parenting capacity
- Misuse of substances as coping mechanism
- Loss of confidence as mother
- One third of all female suicide attempts attributed to current or past experience of domestic abuse

Children & Domestic Violence/Abuse

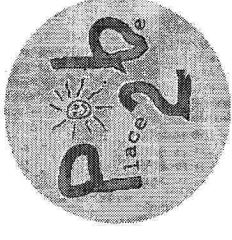


- 750,000 children per year witness domestic violence
- In 90% of domestic violence cases children in the same or next room (British Crime Survey 1992)
- In 50% of all domestic violence cases, children were also directly abused, NSPCC (1997) found 55% overlap, Farmer and Owen (1995) found 52% overlap
- In Refuge research (Barracough 2006);
- 23% of children attempted to intervene during violent events, putting themselves at risk of harm
- Children- range of responses to abuse; crying, screaming, vomiting to no emotional reaction
- 50% of children in research cohort met criteria for PTS (Post Traumatic Stress)
- Trauma Symptoms
- Separation anxiety
- Regression in behaviours such as toileting and language
- Difficult in paying attention
- 44% of children reported to be borderline/clinical range for somatic complaints



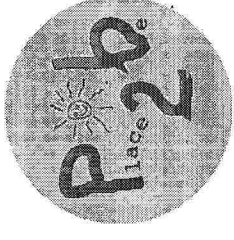
Continued

- 38% clinical concern for anxiety problems
- 50% reported borderline/clinical for internalising problems
- 38% externalising problems (Refuge)
- Hall & Lynch (1998)- Children affected by domestic violence are much more likely to be involved in street or playground violence, bullying, educational failure and school exclusion.
- Most research supports a link between domestic violence and psychological problems in children- although findings show a great diversity in patterns of maladjustment in relation to age, gender and ethnicity (Grych et al 2000)
- Younger children (7-9 years) are more affected than older children (10-12) (Grych et al 2000)



Barriers to Disclosure for Mothers

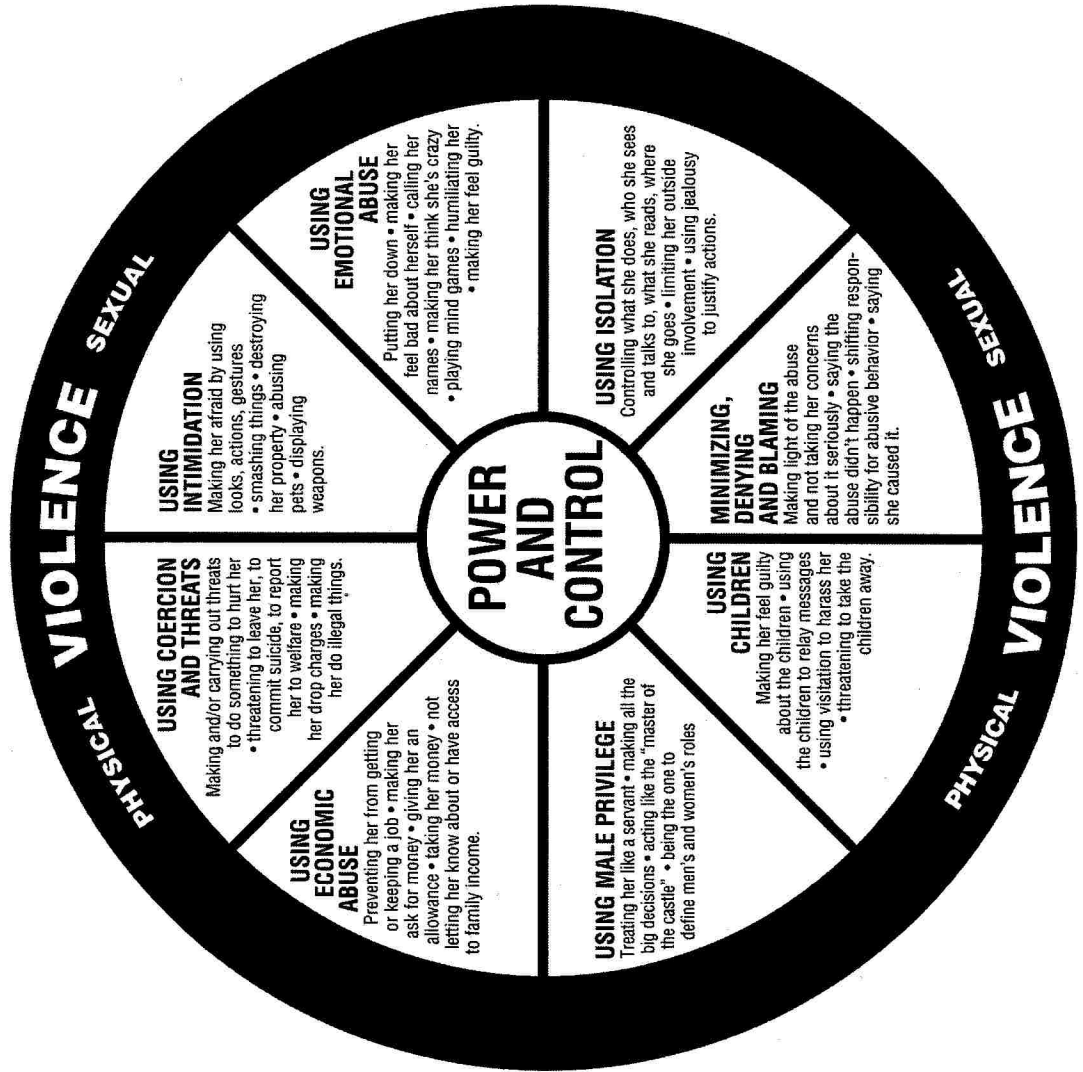
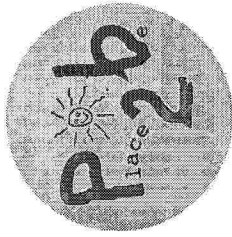
- A mother may;
- Minimise her experience or not define them as domestic violence (this view may be culturally based)
- Fear her children will be taken into care
- Feel shame and may believe it is her fault
- Believe her partners promise that it will not happen again
- Fear of death
- Fear escalation of violence or retribution
- Be unable to express her concerns due to language barriers
- Fear that she will be isolated by her community
- Fear she will be deported
- Be fearful of the future- where she will go, what will she do for money, what will happen to the children
- Have had previous poor experience when she has disclosed

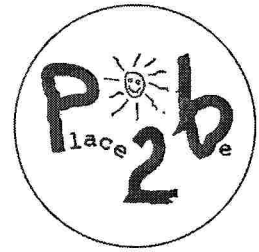


Barriers to Disclosure for Children

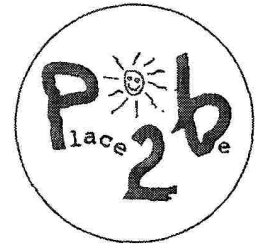
- Protective of Mother
- Protective of abusive parent
- Fear disclosure will cause further violence to mother or themselves
- Threats by abusive parent for disclosing, “family business”
- Fear of exposing family to dishonour/ shame
- Fear of being taken into care
- Fear that their mother or themselves may be deported
- Fear that siblings may be harmed or abused
- Fear that their pet will be harmed or killed.

Duluth Power and Control Wheel



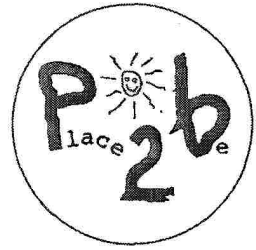


What are the clinical implications for a child witnessing or experiencing domestic abuse?



What is the responsibility of The Place2Be School Project Manager to a disclosure of domestic abuse?

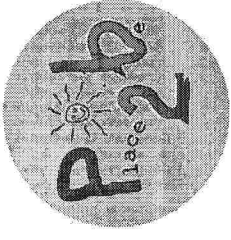
- Direct verbal disclosure by child
- Indirect disclosure through art, play, puppets



How would you support a parent who discloses domestic abuse during an assessment or Parent Work session?

Appendix 7

The Place2Be

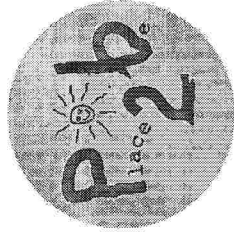


Child Protection and Safeguarding Presentation to Trustees

16th June 2009

**Presented by
Stephen Adams-Langley
Regional Manager / Child Protection Officer**

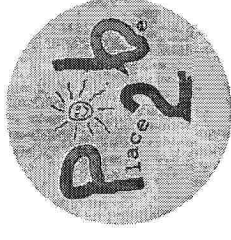
The Legal Framework



The Children Acts of 1989 and 2004 provide the overall framework for safeguarding children and promoting their welfare. The child's welfare is to be the paramount consideration in all decision making concerning Child Protection.

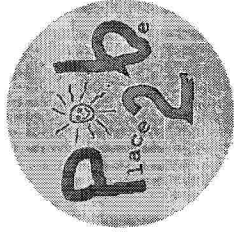
The Government's guidance on safeguarding children, "Working Together to Safeguard Children" was updated in 2006 to reflect the changes in legislation, the "Every Child Matters" agenda, which confirms "Staying Safe" as one of the five Key Outcomes that are at the heart of services for children and young people.

Working Together



“Working Together” acknowledges the need for all providers of children’s services, including those in the voluntary sector, to be working in collaboration and to agreed local standards which will include:

- A clear commitment at all levels to the importance of safeguarding
- Clear lines of accountability within the organisation
- Safe recruitment practices and staff codes of conduct
- Procedures for dealing with allegations against staff and volunteers
- Arrangements for effective working, including information sharing, with partner organisations
- A culture of listening to service users
- Appropriate whistle-blowing arrangements and
- Training for staff at all levels



Recognition and Referral

Neglect

- This includes the failure to protect a child from exposure to any kind of danger, including cold or starvation, or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive

Physical injury

- Actual or likely physical injury to a child or failure to prevent physical injury or suffering

Sexual abuse

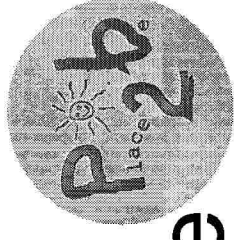
- Actual or likely sexual exploitation of a child

Emotional abuse

- Actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill treatment or rejection

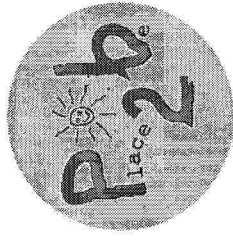
There is no clear dividing line between different types of abuse

The Place2Be Child Protection Policy and Safeguarding Procedure



- Confidentiality contracting with each child subject to caveat
- Actual or likely disclosure by child
 - Verbal
 - Through play/art/projective play
- Case immediately reported to School Project Manager
- Session is written on The Place2Be Child Protection Form by the School Project Manager or Place2Be Counsellor
- School Project Manager reports to the school designated Child Protection Officer
- Consultation with Hub Manager or The Place2Be Child Protection Officer
- Decision taken about threshold; high-level or low-level

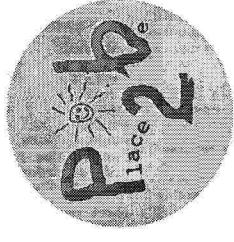
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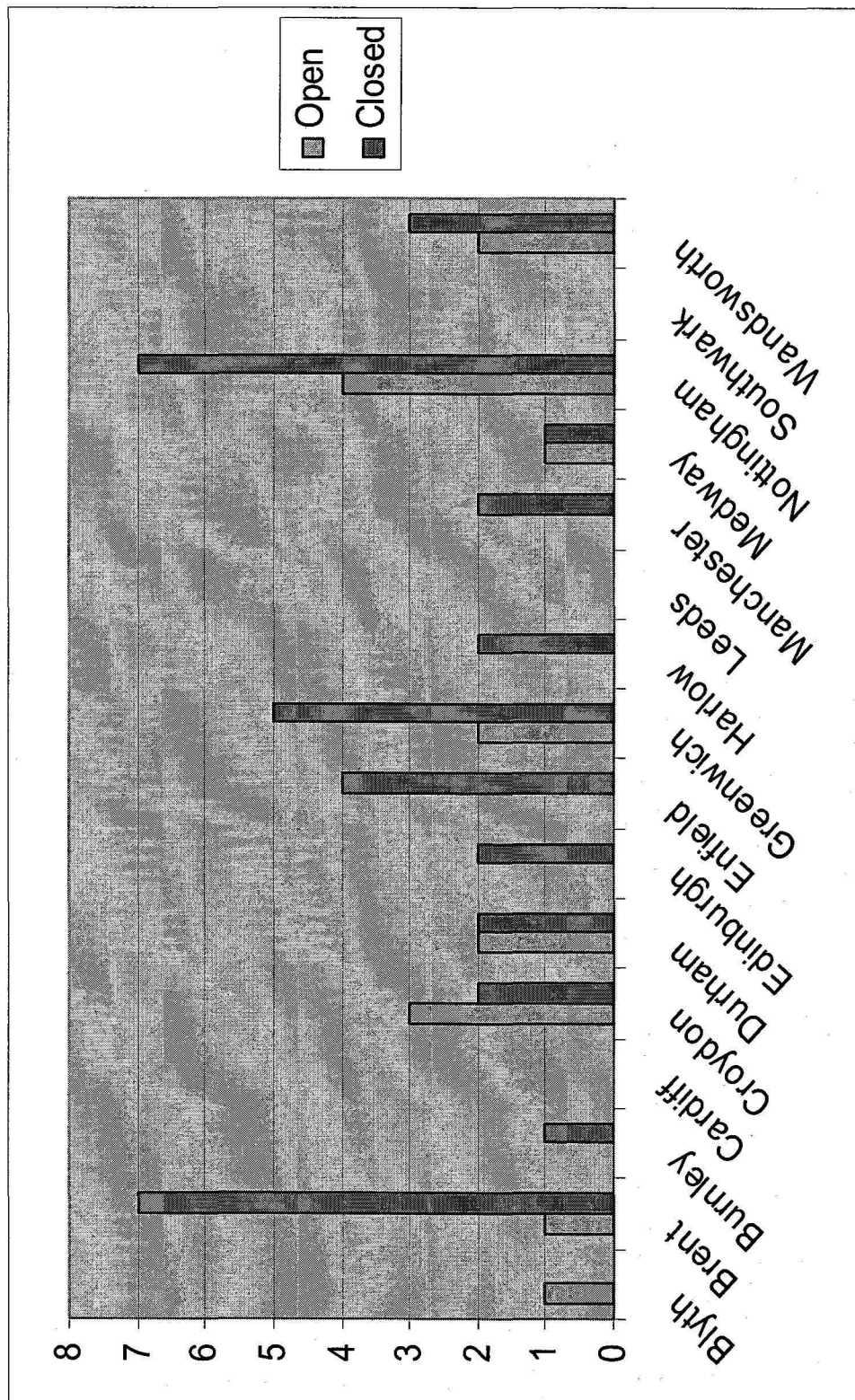
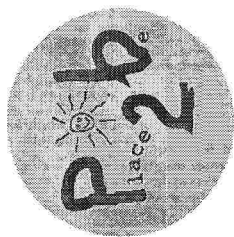
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Case closure

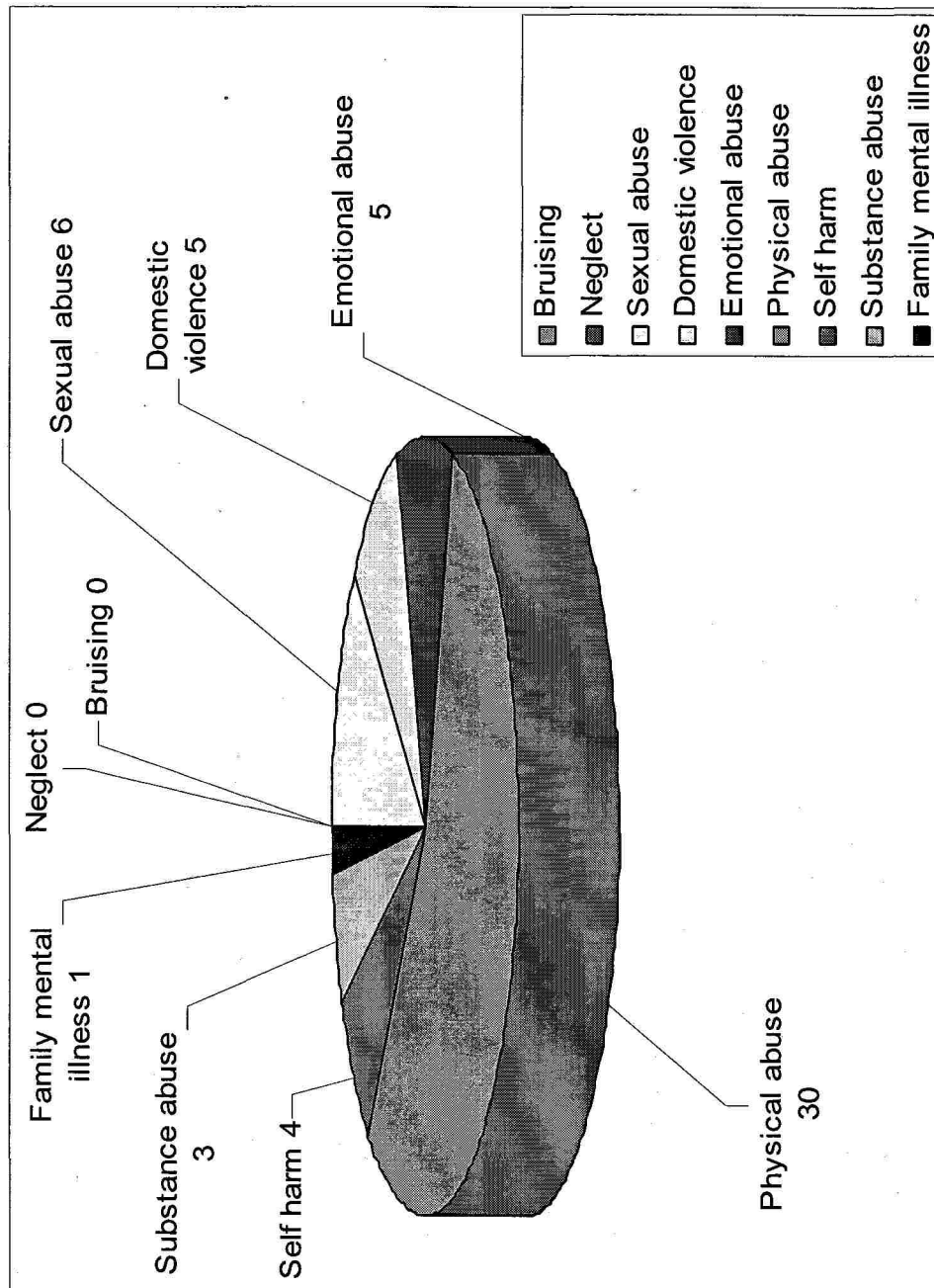
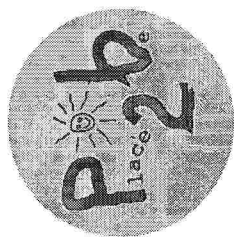
Put on CP register	CP
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Child Protection Cases Sept 2008 - May 2009

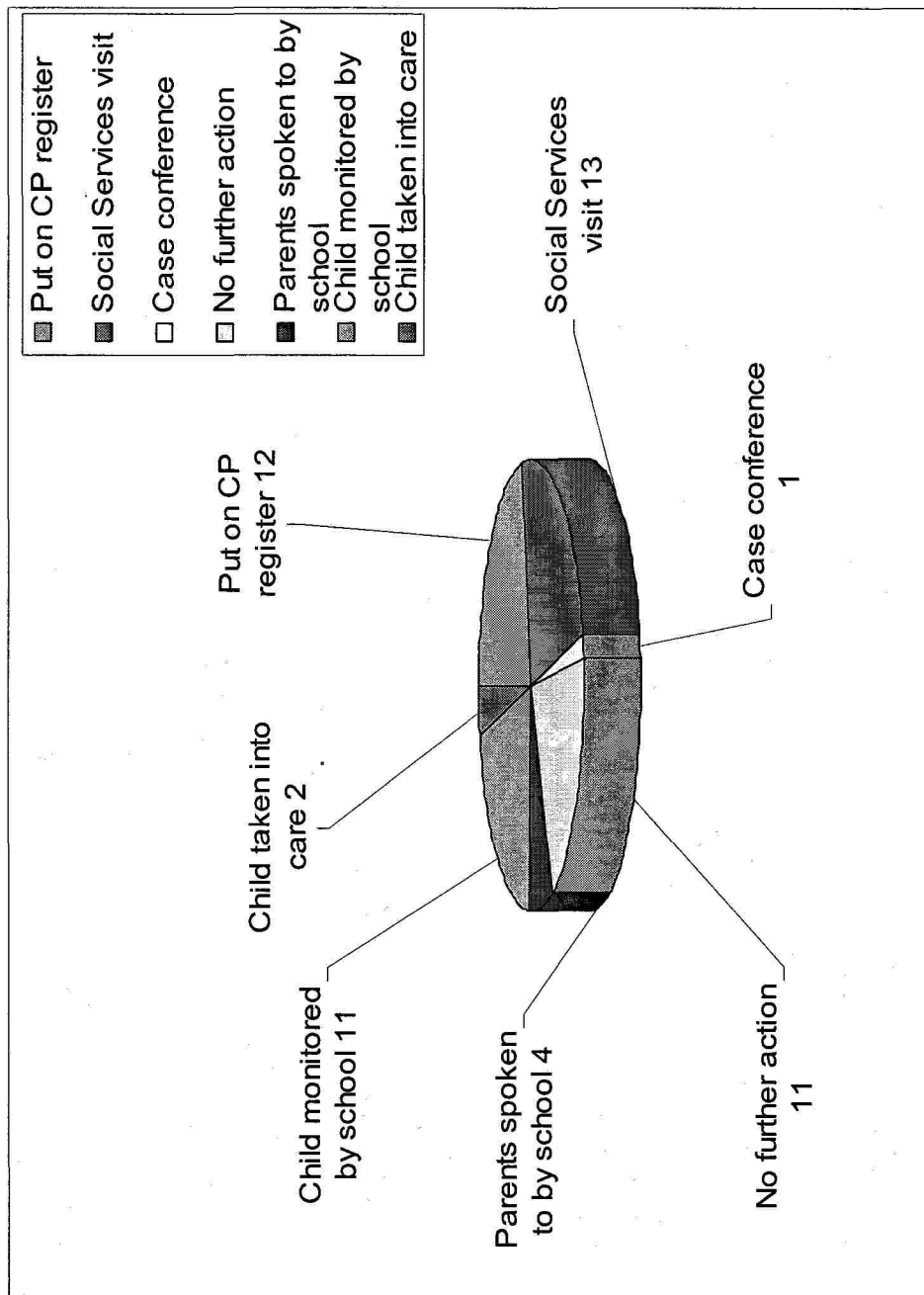
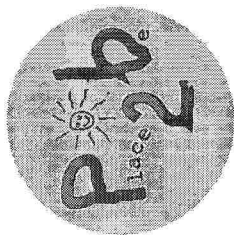


Reasons for Referral

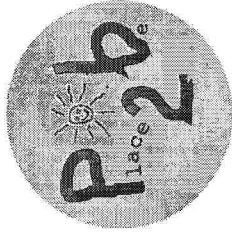
Sept 2008 - May 2009



Outcome of Cases Sept 2008 - May 2009

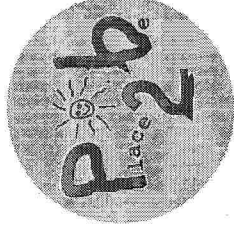


Quality Assurance and Risk Management



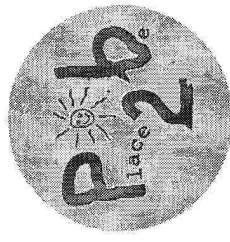
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Challenges



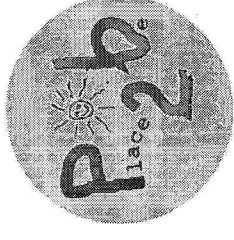
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- In case of a serious dispute between The Place2Be and the school, we seek external advice by a named person within the Local Authority and consider a mediated meeting
- Social Services not responding to Child Protection referrals and concerns

The Place2Be Child Protection Internal Trainings



- 6th May 2009 - Greenwich and Southwark Shared Learning – Domestic Abuse/Violence
- 3rd April 2009 – Cardiff and Leeds - CP induction training
- 27th March 2009 – Croydon Shared Learning
- 11th March 2009 - Nottingham Shared Learning
- 26th February 2009 – Tony Kerr, JP: ‘Therapists as Witnesses in Court’
- 27th January 2009 – Core Hub - CP induction training
- 19th January 2009 – Brent Shared Learning
- 9th October 2008 – Brent and Enfield Shared Learning – John Guest: ‘Cultural Aspects of Child Protection and Safeguarding’
- August 2008 – Edinburgh Shared Learning

Impact of Baby P Case

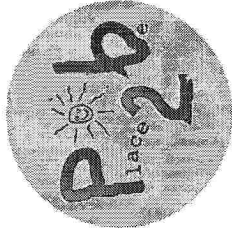


- Significant rise in care orders – in Greater London rise this year – 70%
- 202 children are waiting a guardian compared to 8 one year ago (NSPCC)
- OFSTED evaluation – 92 serious case reviews (2009)

Recommendations:

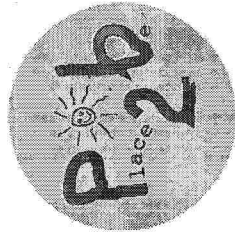
- Professionals in contact with vulnerable children need better training
- Serious case reviews need to focus on the child and not on the agency
- Time scale must be improved
- Professionals need to listen to the child rather than focus on parent/carers
- Standards of care – highly variable in different LAs allowing abuse/neglect going unchecked
- Serious case reviews must be more independent

Lord Laming Report 2009: Key Recommendations for Schools



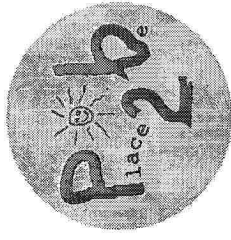
- A school's strategy will be developed to create a clear national framework for early interventions in schools
- Assessment of need of children must include evidence from all agencies and take account of case history/significant events and previous assessments and must include direct contact with child
- Multi-agency working and information sharing will be improved with priority given to written records and child feedback
- Formal procedures will be in place for managing conflict of opinions between professional of different services
- National Safeguarding Delivery Unit will develop guidance on referral and assessment systems for children affected by domestic violence, adult mental health problems, drugs and alcohol misuse, using current best practice
- 58 recommendations aim to ensure good practice becomes standard practice

Additional Recommendations



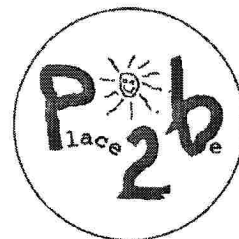
- Appointment of Sir Roger Singleton – new Chief Advisor on Safety for Children
- Immediate measures to improve support for front-line Social Services including training and recruitment and retention measures
- Proposed revision of Working Together to Safeguard Children guidance
- Each local Safeguarding Board to be open to greater public scrutiny
- Professional development and training in Child Protection and Safeguarding to be made available to senior managers and staff in front-line services

Considerations for The Place2Be



- Status and dedicated time for Child Protection and Safeguarding to be increased
- Minimum allocation for current requirements – one day a week
- Strong case to develop the post to two days a week over the next twelve months
- Specialist trainings and support should be considered for The Place2Be staff i.e. domestic violence, neglect, child sexual abuse, parental substance misuse and parent mental ill health
- Increased demand from all hubs for Child Protection and Safeguarding training and advice
- Resolution required on Child Protection and Safeguarding in relation to Parent Work. Currently no risk assessment/protocol

Appendix 8



Guidelines on Working with School-based Critical Incidents

Critical incidents can be considered to be events which are unexpected and create a sense of trauma, shock or disbelief. They typically involve violence, loss, injury, accidents, death and bereavement. All of these traumatic experiences can have an impact on individuals within the school and on the whole school as a system. This can be greatly exacerbated when the critical incident is witnessed by children, staff or parents.

Examples of actual critical incidents which schools or The Place2Be have had to face include:

- The murder of a pupil by her stepfather
- A violent assault and attempted murder of a parent witnessed by many children, staff and parents
- The sudden death of a member of staff due to an accident on a summer holiday
- The serious injury of a child by a bus outside the school and witnessed by pupils and parents
- The assault of a class teacher by a parent in front of the class

As a service offering emotional and therapeutic support to children in the school community, The Place2Be is in a highly significant position to help and guide the school make appropriate decisions and plan to address and ameliorate the impact of the incident. However, trauma of any kind is psychologically disorienting and this can lead to anxiety and a disorganised response.

Most Local Authorities (LAs) have drawn up their own critical incident policy and procedure and it is recommended that The Place2Be School Project Manager obtain a copy of this policy from the school. Support and guidance can be sought from the Hub Manager in supervision and through discussion with colleagues in Shared Learning.

In any case of a school-based critical incident, School Project Managers will be expected to immediately inform the Hub Manager and if they are unobtainable for any reason to contact the Regional Manager.

In most cases following a critical incident, the LA will expect a rapid response from the Educational Psychological Service or CAMHS to support the Head teacher, Chair of Governors and senior staff to plan a response which may involve staff debriefing, designating key tasks to appropriate personnel and managing a response to the media. The Place2Be School Project Manager should not coordinate the key response but rather be part of the plan to notify and support pupils (through The Place2Talk, whole school work, Circle Time) and staff through The Place2Think. Our role is to offer emotional support and support the process of distress and recovery. The Hub Manager and Regional Manager will need to be informed and provide appropriate support to the school and the School Project Manager. Following a critical incident the Hub Manager and the School Project Manager will be expected, in consultation with the school, to draw up a plan for what can be provided by The Place2Be.

Normalising and validating appropriate feelings are a key feature of the grief process which might apply to traumatic incidents.

The Place2Be School Project Manager can provide an emotional container for these feelings and a continuity of emotional support which is immediately accessible. The process and shock and grief will affect children and adults in different ways and will affect the children according to their age and development level. It is important that children and adults feel they have permission to be upset and that the "facts" of the incident are explained to them by a member of school staff. Children are more comfortable talking to familiar adults about their thoughts and feelings. They will look to staff, The Place2Be School Project Manager and parents for reassurance, guidance and models of how to cope. **The key role of the School Project Manager is to support and not replace the existing support system in the school.**

The school will need to draw up a plan and The Place2Be will need to consider how we can integrate our skills and expertise into supporting the plan agreed by the school.

A plan for the response meeting may involve:

- What have pupils seen/witnessed/know
- Who/how/when will pupils be informed
- What have parents been told
- Have the staff been informed
- Who/how will the media response be managed (if appropriate)
- What routine is the school following
- Task allocation – who will do what, when, where
- Identification of vulnerable children/groups i.e. student who has been recently bereaved or traumatised may need special attention and consideration
- Who will be the key contact for the response group
- What is the role of The Place2Be School Project Manager and service
- Joint work between teachers/SENCO/LSAs and The Place2Be School Project Manager should be considered for parents/pupils. It is not expected that The Place2Be Counsellors will be involved although it is to be expected that they may be affected by the critical incident
- Support for teaching staff should be considered including external referral for counselling services where appropriate

Other events related to the critical incident could include any of the following:

- An inquest
- Funeral services
- Ongoing police investigations
- A trial which may be delayed or protracted
- Sensational reports/response by the media
- Anniversary of the incident
- Checking that administration records are corrected

Appendix A - Responding to crisis: A few general principles

Immediate response – Focused on restoring equilibrium

In responding:

- Be calm, direct, informative, authoritative, nurturing and problem solving oriented
- Counter denial by encouraging children to deal with facts of the event; give accurate information and explanations of what happened and what to expect – never give unrealistic or false assurances
- Talk with children about their emotional reactions and encourage them to deal with such reactions as another facet of countering denial and other defences that interfere with restoring equilibrium
- Convey a sense of hope and positive expectation – that while crises change things, there are ways to deal with the impact

Move the children from victim to actor:

- Plan with the children promising, realistic and appropriate actions they will pursue when they leave you
- Build on coping strategies the child has displayed
- If feasible, involve the child in assisting with efforts to restore equilibrium

Connect the child with immediate social support:

- Peer buddies, other staff, family, The Place2Be, The Place2Talk – to provide immediate support, guidance and other forms of immediate assistance

Take care of the caretakers:

- Be certain that support systems are in place for staff in general
- Be certain that support (debriefing) systems are in place for all crisis response personnel

Provide for aftermath interventions:

- Be certain that individuals needing follow-up assistance receive it

An example:

Planning for dealing with a traumatic experience in school

The following suggestions are based on Yule and Gold (1993) in "Wise Before the Event":

(A copy can be requested from Core Hub)

Task	Timescale
1. Obtain factual information at start of crisis	within hours
2. Senior staff meet with key personnel	within hours
3. Establish an intervention team and identify "key worker" who will coordinate action	within hours
4. Decide on the need to involve outside agencies: contact as necessary	same day if practicable
5. Contact families as appropriate	within hours
6. Call a staff meeting to give information	same day if practicable
7. Inform pupils in small groups, as appropriate	same day if practicable
8. Call a debriefing meeting of staff involved in the crisis/disaster	same day if practicable
9. Debrief pupils involved in crisis/disaster	as soon as possible, allowing for health and safety
10. Identify high risk pupils and staff and consider need for counselling or support	next few days
11. Promote discussion in classes	next few days and weeks
12. Identify need for individual/group counselling or other help across class/school	next days/weeks
13. Organise any counselling/support in collaboration with appropriate services	as required

Remember the School Project Manager is to support a plan like this and not to take a key role.

It is recommended that each The Place2Be Hub Manager/Regional Manager obtains a copy of the Local Authority Critical Incident Policy and runs a workshop in Shared Learning to work through the issues with School Project Managers.

Things which help

It will be important to stress and remember that there is no proper way to feel when there is bereavement. The bereaved child will need opportunities to work through his/her feelings and reactions through the existing curriculum and the The Place2Be School Project Manager.

At primary level

- Through play activities
- Through reading class or group stories
- Role play and drama based on stories read
- Circle Time
- Music
- Providing opportunities for talking (The Place2Talk)
- Story writing to allow an expression of feeling
- Physical exercise
- Hobbies
- Family and individual counselling
- Painting
- Keeping the memory alive through photographs, special days

At secondary level

- Music
- Counselling
- Group discussion
- PSE sessions
- Art work
- Stories and story writing
- Providing information material
- Physical Exercise
- Hobbies – maintaining and encouraging an interest providing opportunities for talking

How to support individual children

The key features of the grief process, which might apply to traumatic incidents involve:

- Shock/denial e.g. the inability to take in the enormity or significance of what has happened
- Anger/guilt/blaming – a period of disorganisation, paralysis and anxiety
- Depression – an awareness of loss or a reactive longing or yearning for what has been lost
- Acceptance – an awareness of what has happened, its significance, learning and implications for individuals and the group

Other features are a normal reaction to stress and may involve irrational behaviour, tears, psychic numbing, disordered communication and difficulty in making decisions.

- Allowing the child to express grief will shorten the grieving period
- Provide a quiet place where the child can come to when they want to be alone (to cry, be cross, calm down)
- Don't be too quick to reassure – listen and allow the expression of grief
- Be aware of cultural pressures to “pull yourself together”
- Acknowledge feelings
- Let the child know you are aware of what has happened
- Make time for the student to talk to you privately
- Offer to talk to others e.g. friends and classmates to put them in the picture – check what to say/not to say
- Arrange for student to talk to others who have had similar experiences if they wish
- Provide opportunities for the child to tell you their story, reviewing life experiences, happy, difficult times, help the lost person to be real, neither vilified nor idealised
- Help to preview experiences arising from the loss i.e. maintaining control
- Acknowledge loyalty conflicts
- Reassure the child that their feelings are normal and understandable
- Make allowance for good/bad days. The movement through the grief cycle is not smooth
- Help the child to express negative feelings in a way which does not hurt people (may include physically acting out rage by running, stamping etc, writing, drawing and then destroying them)
- Try to avoid being sucked into a negative cycle. When children feel hurt they may convey this by causing others to be hurt (by being spiteful and hateful). It is most important if the behaviour can be made sense of for the child, rather than be taken at face value and the child being made to feel worse by being told off for naughty behaviour
- It is important that the boundaries of acceptable behaviour are maintained and desirable behaviour is maintained. Undesirable behaviour is managed understandingly i.e. “We understand why you feel like this but will not accept you acting out in ways which hurt others or yourself!” The containment of rules and boundaries continuing to apply when their world has lost shape is important in contributing to a sense of security
- Children may ask apparently trivial questions and repeatedly ask the same question. This may be viewed as a symptom of stress and the need to feel connected to a trusted adult. It may also be an opening to more serious concerns and should be treated as such

Appendix B - Signs of stress (normal)

Physical:

- Feeling cold
- Wobbly
- Heart poundings/palpitations
- Throat constriction
- Dry mouth
- Trembling
- Feeling or being sick
- Headache
- Shallow breathing
- Needing to go to the toilet

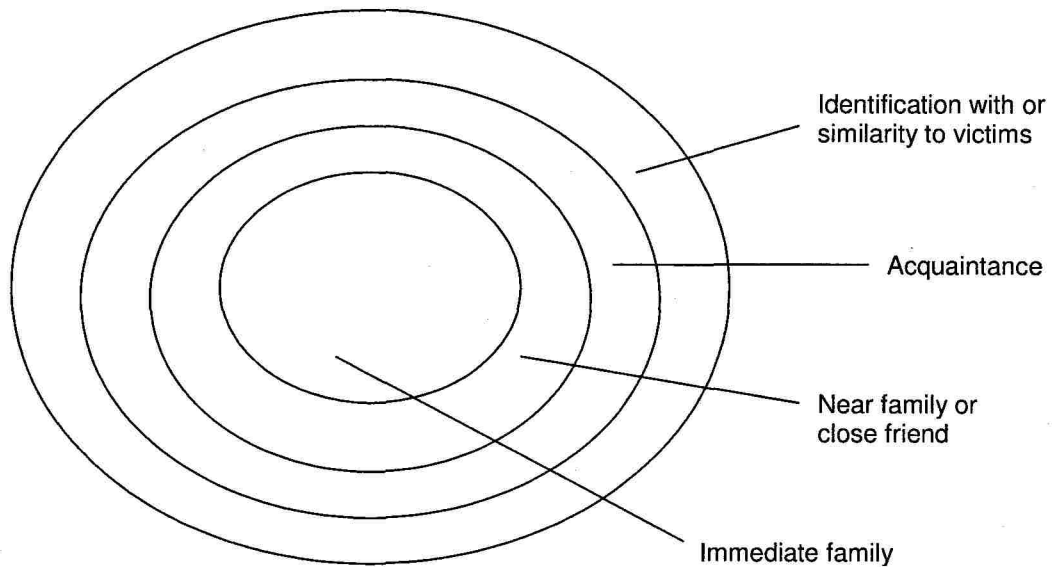
Mental:

- Poor concentration
- Poor memory
- Difficulty making decisions
- Sleep disturbance
- Making silly mistakes
- Instability
- Irritability
- Reduced sense of humour
- Inability to relax
- Feeling helpless
- Irrational behaviour or acting out of character

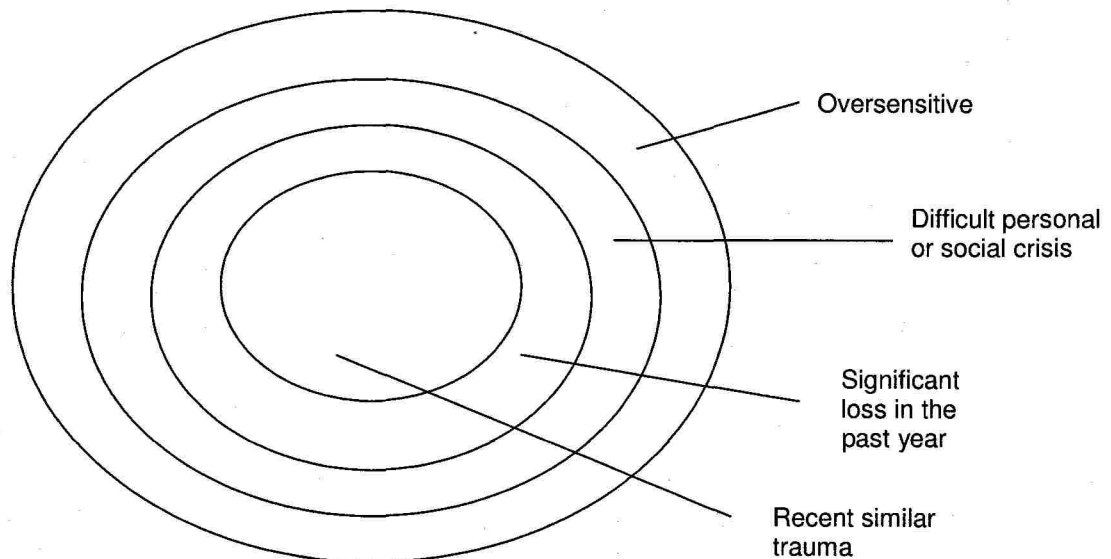
Persistent or troublesome symptoms need help.

Appendix C

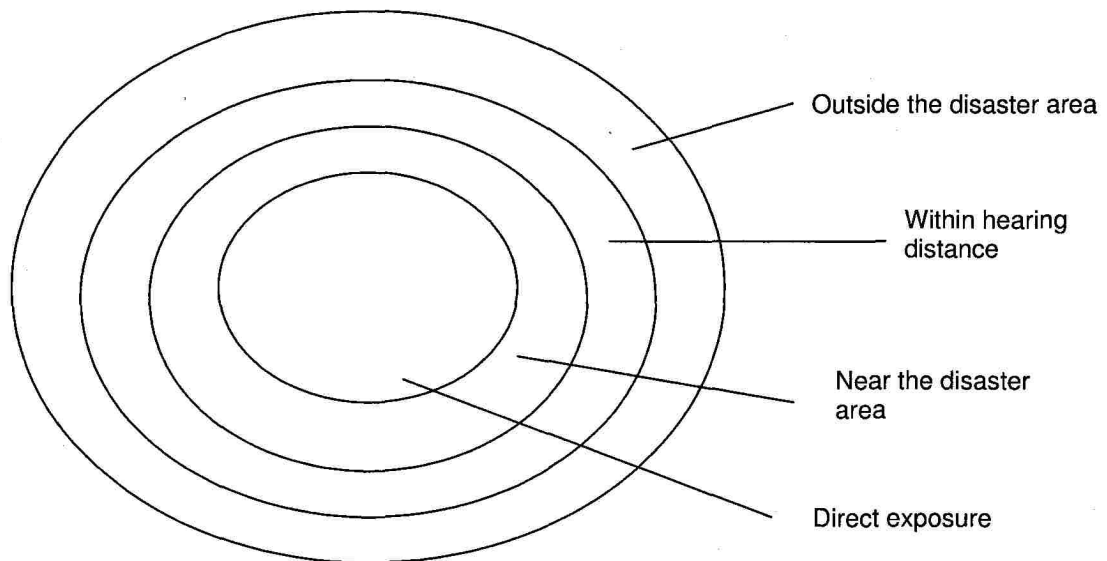
**Intervention Considerations in Disasters
Screening on the basis of Circles of Vulnerability
The Social-Psychological Dimension**



**Intervention Considerations in Disasters
Screening on the basis of Circles of Vulnerability
Population at Risk**

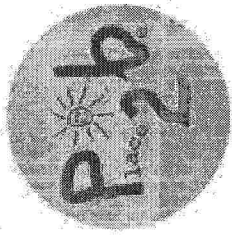


**Intervention Considerations in Disasters
Screening on the basis of Circles of Vulnerability
The Physical Proximity Dimension**



Enfield CAMHS: Trauma Response, October 2007

Appendix 9



The Place2Be Counsellor Placements for Trainee & Qualified Counsellors

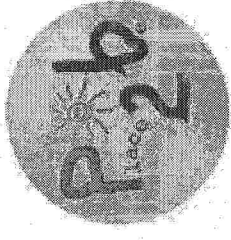
**A presentation for
X College**

Who We Are

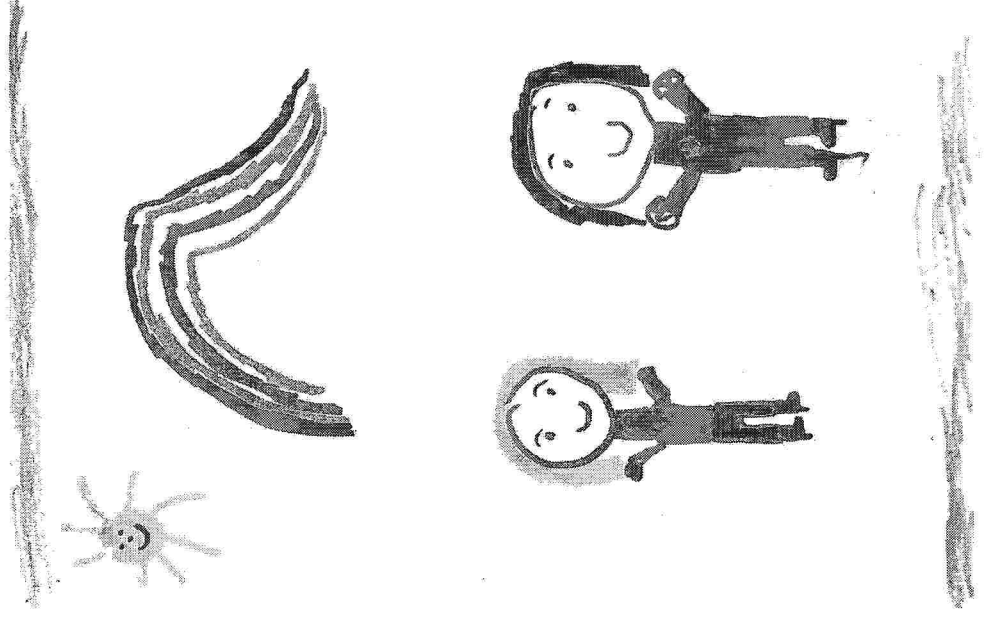


- Founded in 1994 The Place2Be is an innovative, growing charity that gives children in primary schools a place where they can express their feelings through talking, creative work and play.
- Today, we are an innovative growing charity, currently working with 146 schools across the UK, supporting a child population of around 47,000 – often in areas of great deprivation. By 2010 we aim to be working in 190 schools supporting 80,000 children.
- Our Mission is to enable therapeutic and emotional support to be provided to children in schools based on a practical model backed up by research.

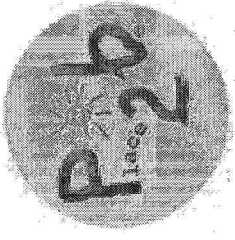
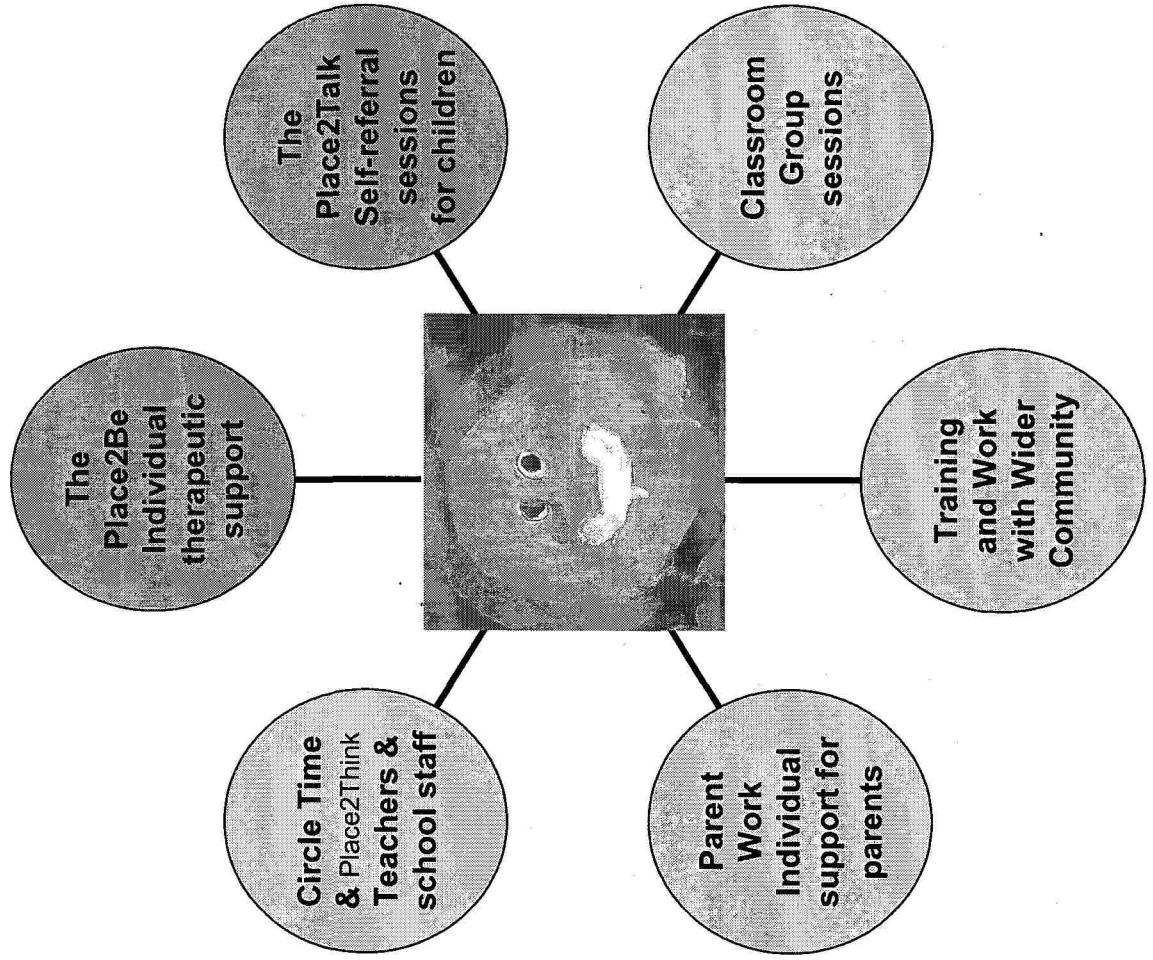
What We Do



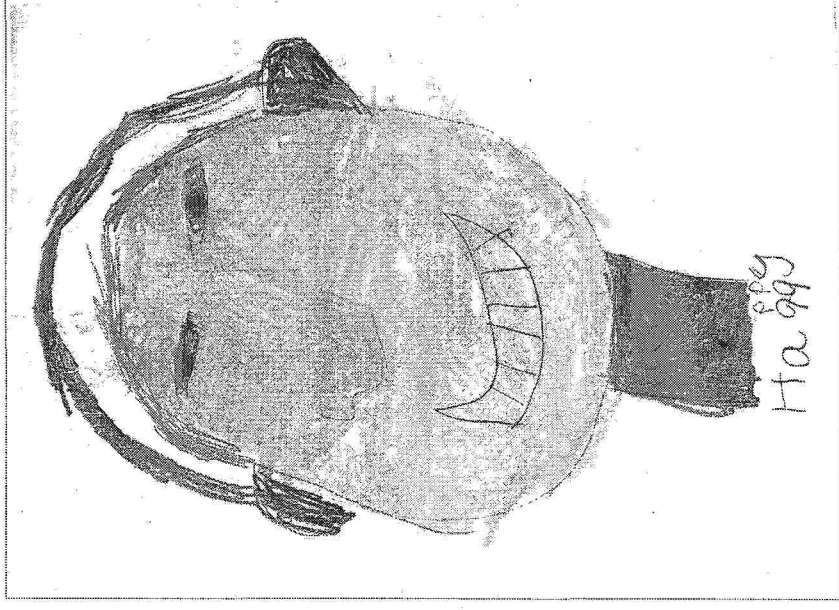
- Provide a dedicated team (School Project Manager + Volunteer Counsellors) to work with children within their school environment
- Set up a dedicated room – a ‘safe place’ – within the school for the work to take place
- Provide training to school staff, building increased capability amongst the school community to identify and address emotional needs of the children
- Focus on early intervention/prevention to address emotional issues which in some cases may be leading to behavioural issues



The Place2Be Services

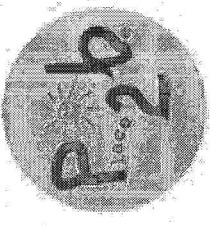


Role of Place2Be Counsellors



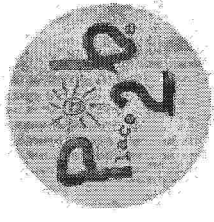
- Work therapeutically with 3 individual children 1 day per week
- Attend paired supervision at the end of each day
- Alternate session times with peer counsellor in dedicated Place2Be room.

What We Offer Volunteers



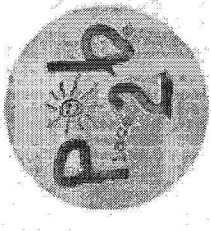
- Package offering clinical experience with qualified & experienced practitioners
- Working with children in a safe environment with clear structure, guidelines, policies and boundaries
- BACP/UKCP Accreditation hours
- CRB Checks – Enhanced Disclosure

What We Offer Volunteers



- **Full Support System:**
 - School Project Manager giving on-site supervision and general support
 - The Place2Be network giving logistical behind-the-scenes support
- **Career Opportunities:**
 - Assistant School Project Manager – School Project Manager – Parent Worker– Hub Manager – Regional Manager

What We Offer Volunteers



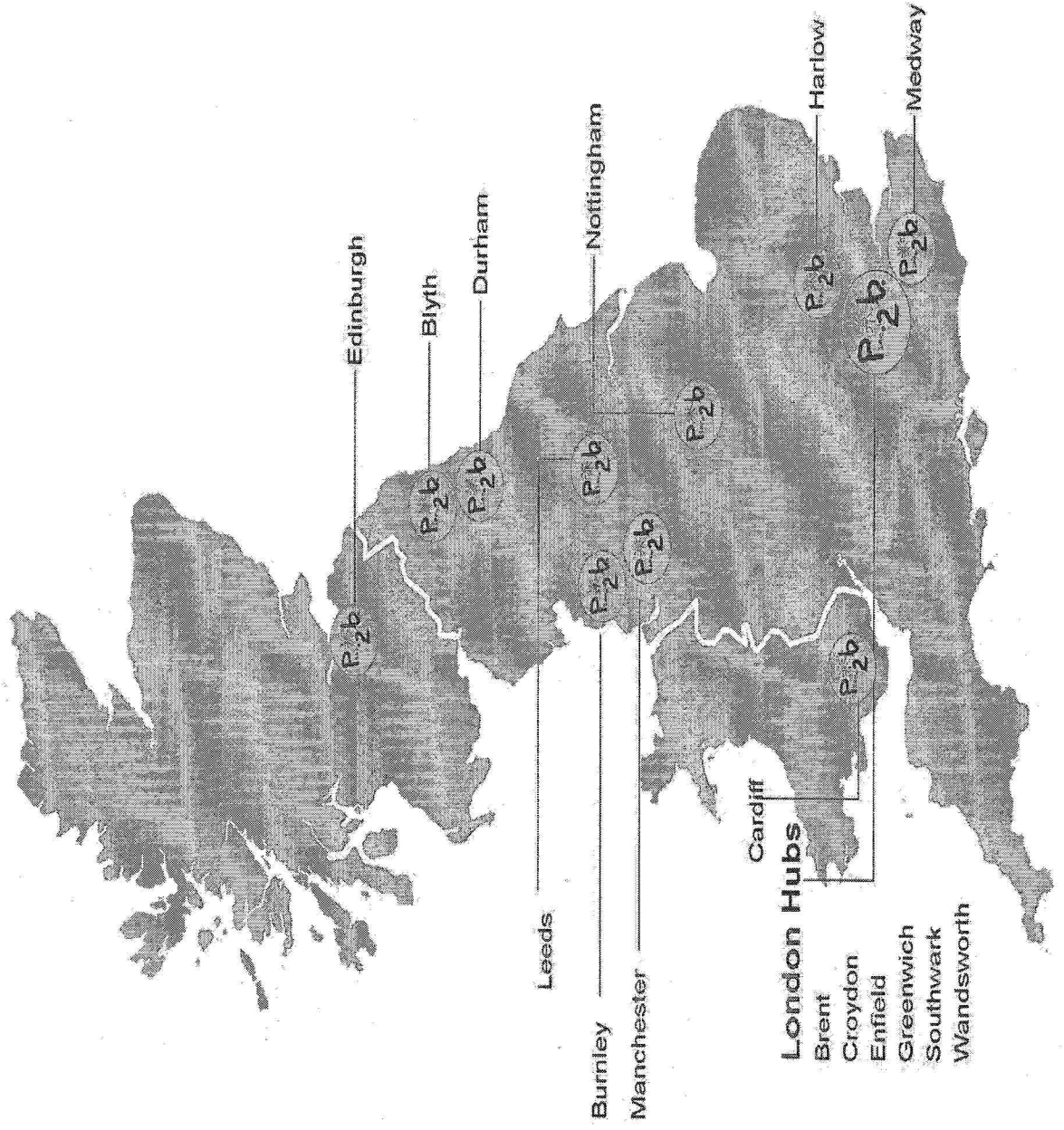
- **Full Training Programme** - to develop practice and complement studies:
 - Volunteer Induction Workshop (2 days)
 - Optional Workshops in:
 - Introduction to Attachment Theory & Practice
 - Children's Emotional Well Being
 - Helping Children Tell Their Stories
 - Making Endings with Children
 - Working with Differences & Diversity
 - Working With Metaphor
 - Casework Study Day

What We Ask of Volunteers

P.2b

- **Counselling Training**
 - at Diploma level or Qualified Counsellor
- **Commitment**
 - for one full academic year (3 school terms)
 - one day a week (Monday-Friday) during school hours
- **Personal development desirable**
- **Working with children desirable**

Where to find The Place2Be



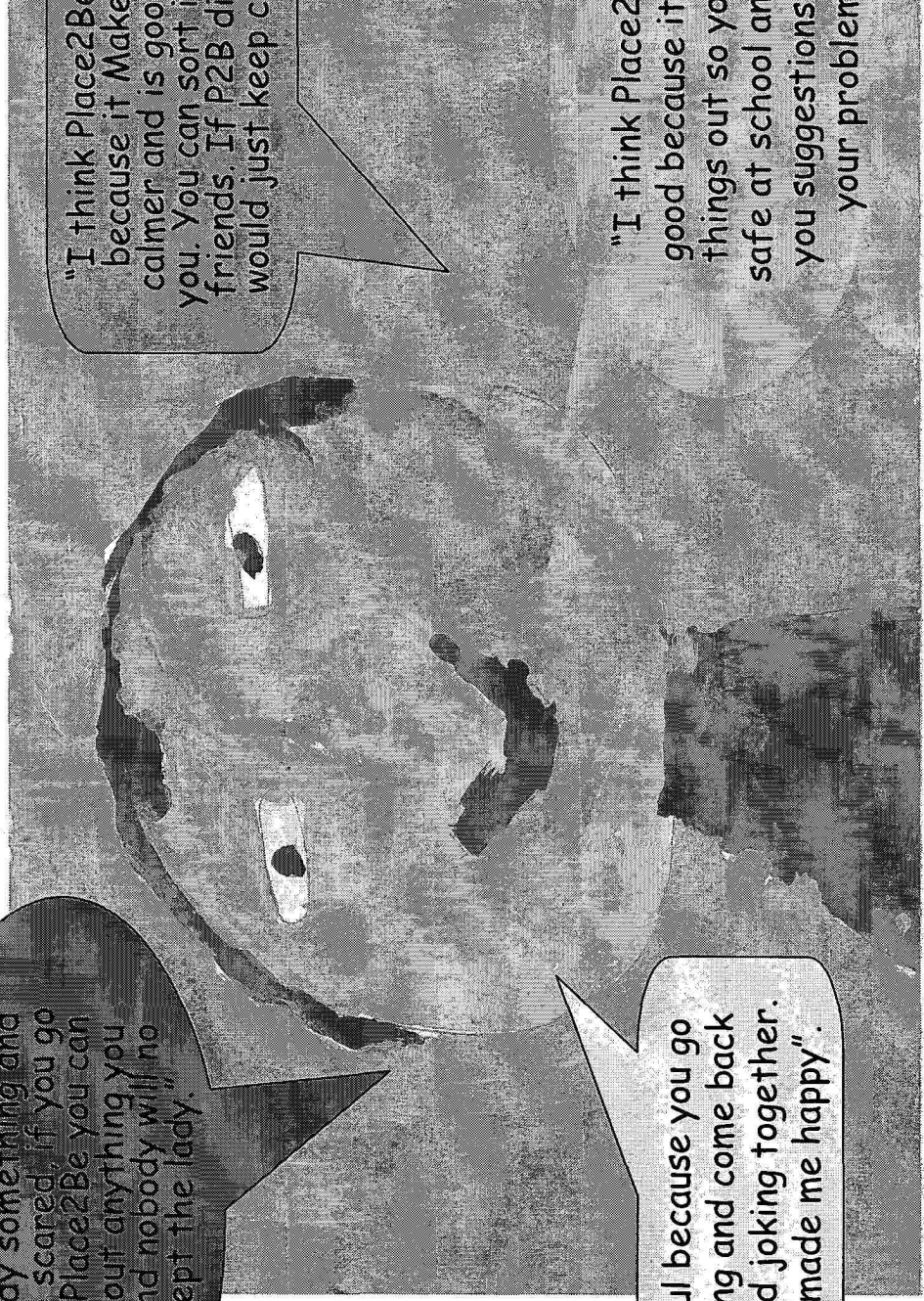
What children say about The Place2Be

"when you want to tell
somebody something and
you feel scared, if you go
to The Place2Be you can
talk about anything you
want and nobody will no
except the lady."

"I think Place2Be is helpful
because it Makes us moor
calmer and is good to talk to
you. You can sort it out and be
friends. If P2B didn't work it
would just keep carrying on."

"its helpful because you go
like fighting and come back
laughing and joking together.
You have made me happy".

"I think Place2Be is
good because it sorts
things out so you feel
safe at school and gives
you suggestions about
your problems."



Contact The Place2Be

If you would like to know more about
our work please contact us:

The Place2Be
13/14 Angel Gate
326 City Road
London.

EC1V 2PT

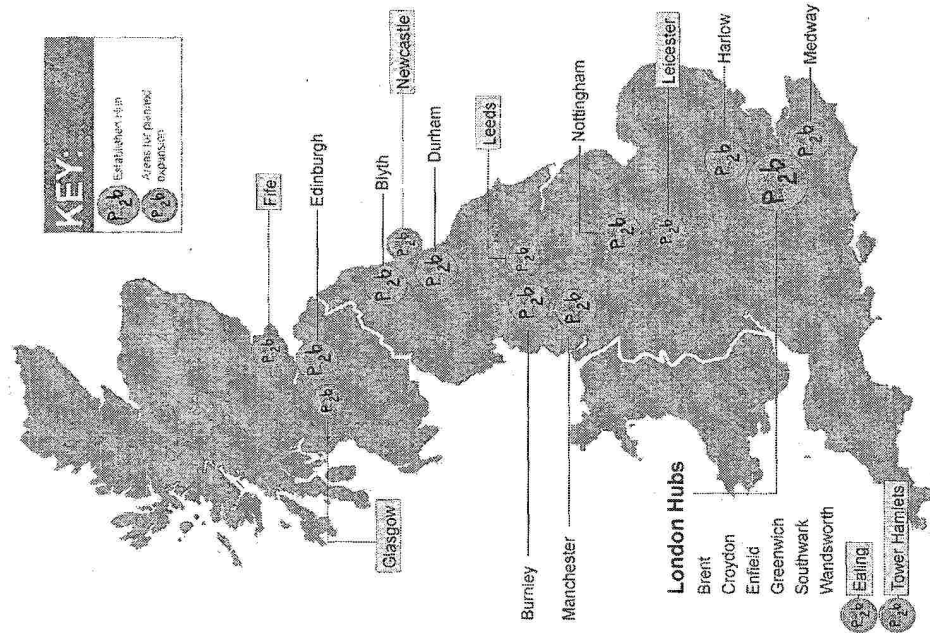
Tel: 0207 923 5500

Email – volunteers@theplace2be.org.uk

Registered Charity No: 1040756
Company No: 287615



Where are We



Appendix 10

Clinical placements for trainee and qualified counsellors



Who we are

The Place2Be is an innovative award-winning charity, dedicated to helping children resolve their emotional and behavioural difficulties before they have a negative impact on their long-term development and prospects.

We currently work in 155 UK schools, supporting over 50,000 children, their parents and carers, their teachers and other key school staff members.

The Place2Be takes a holistic approach, endeavouring not only to address individuals' problems, but to build 'mentally healthy' schools where all children can thrive.

Our highly effective one-to-one counselling and drop in services are the lynchpin of our success.

These services are delivered by Volunteer Counsellors under the supervision of qualified School Project Managers. Children come to a special Place2Be room, where they can explore their problems through talking, creative work and play. In this safe environment, children are able to express their concerns, find new ways to move past issues such as bullying, bereavement, neglect and abuse - and to build the foundations for a successful life.

In many Place2Be schools, we also provide A Place for Parents; a dedicated support service which helps parents and carers to tackle their own issues and form positive relationships with their children.

The Place2Be also offers accredited training for teachers and other school staff members, and professional qualifications for those who wish to work therapeutically with children in schools.

What we ask of you

By 2010, The Place2Be aims to be working with 190 schools supporting 80,000 children. To achieve this, we will need to recruit 760 Volunteer Counsellors able to commit one day per week for one academic year (term time only).

In order to be short-listed, you will need to meet the following requirements: Ideally...

+ Be in your second year of Diploma level counselling training

Alternatively...

+ Be in your first year of a Diploma course - providing you have successfully completed a Certificate in Counselling (either full-year, or the equivalent of 9 to 12 months' study)

+ Be in your first year of a Foundation Art Therapy course OR the first year of an MSc/MA in Counselling or Psychotherapy - providing you have relevant experience of direct work with children, such as:

+ Experience of voluntary work, preferably with primary aged children

+ Background in a caring profession (e.g. as a Nurse or Health Visitor)

Plus...

+ Your counselling training must include a therapeutic and personal development component. Distance Learning courses are, therefore, not valid qualifications with regards to short-listing

+ Experience of personal development work (either one-to-one or group therapy) is also desirable as this would normally enhance your ability to self-reflect; an important factor at interview stage

Your commitment

Since therapeutic work with children tends to be long-term, continuity and consistency are important factors.

For this reason, Volunteer Counsellors must make a minimum commitment to practice in school one day per week (term time only) for one academic year (three consecutive terms).

A normal working day would be 8.45am to 4.30 pm. However, in certain circumstances it may be possible to arrange different start times with your School Project Manager.

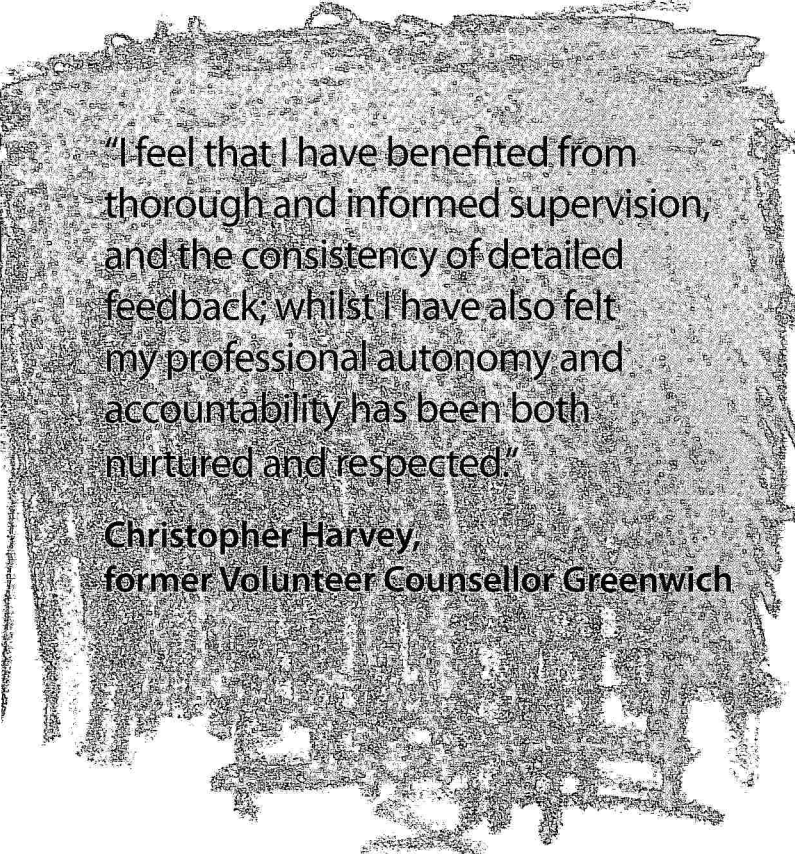
It may also be possible to work more than one day a week and to continue in your placement after a successful year.

Criminal record checks

As Volunteer Counsellors work one-to-one with children in schools, The Place2Be undertakes enhanced checks on all successful candidates with the Criminal Record Bureau (CRB).

We don't charge you for this, and you will be provided with an Enhanced Disclosure Certificate.

If you already hold a current CRB certificate, you should bring it along to your interview; we are still required to carry out our own checks, but you may be able to start work before they have been completed.



"I feel that I have benefited from thorough and informed supervision, and the consistency of detailed feedback; whilst I have also felt my professional autonomy and accountability has been both nurtured and respected."

Christopher Harvey,
former Volunteer Counsellor Greenwich

Where to find us

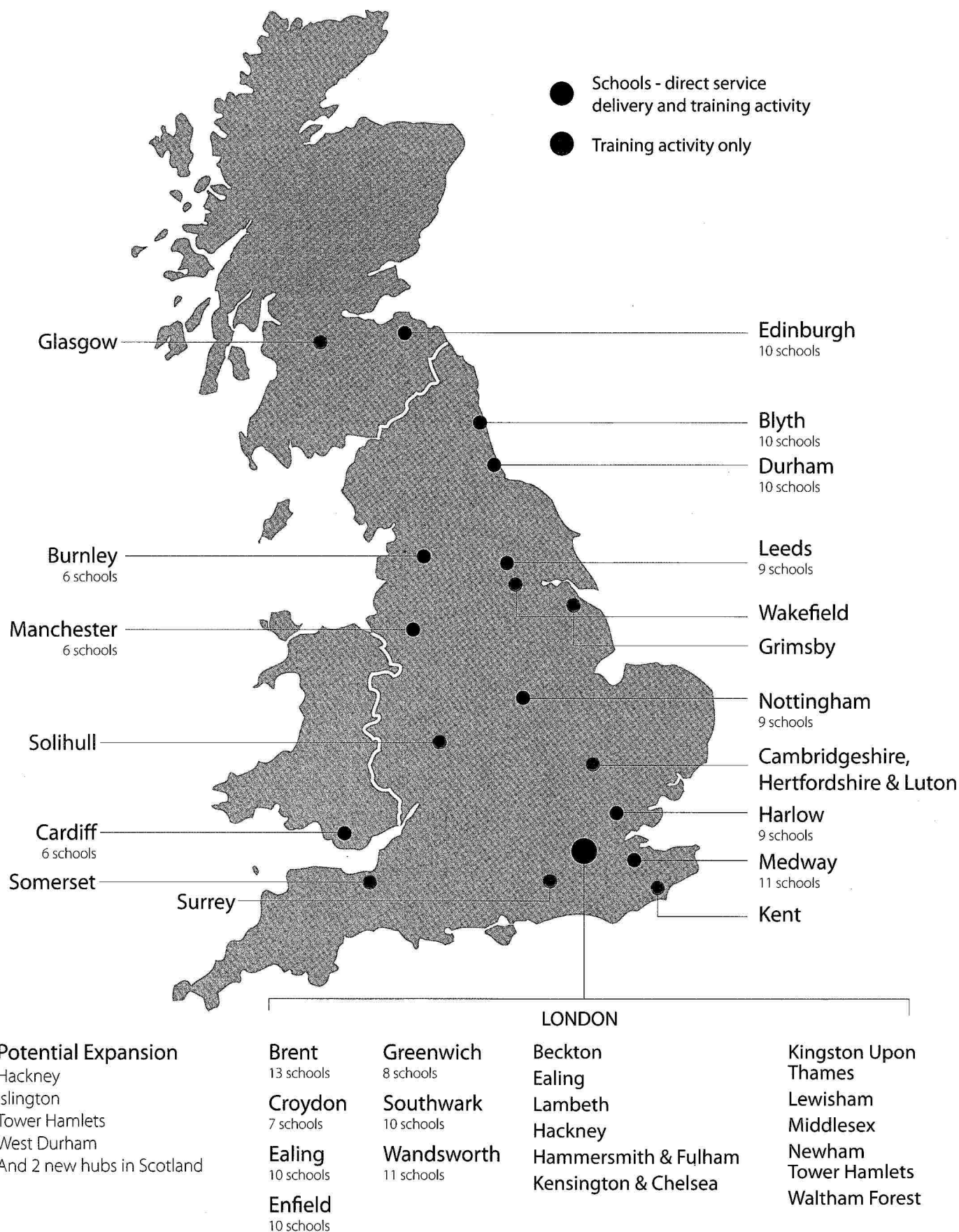
Today:

We are working in 155 schools
Across 17 Hubs
Supporting over 50,000 children

By 2010/11

We plan to be working in 190 schools
Supporting 80,000 children

The Hub model enables 6 to 12 schools per region to share ideas and skills.
We are reaching 15,000 children through our training to professionals.



What it's like

Former Volunteer Counsellor, now Parent Worker in Edinburgh, Mary Gray shares her experience of working with The Place2Be.

'I began volunteering in August 2007 as part of my MSc course placement requirement.

"From the very start, I was incredibly impressed by the professional approach that is taken in the way in which The Place2Be Volunteer Counsellors are prepared for the work."

My volunteer career began with a weekend induction where I got to meet the other volunteers as well as some of the School Project Managers.

There were a series of short workshops and exercises that clearly explained the role and it all felt very well-structured. An introductory day on child protection issues followed, which was extremely helpful as the legislation changes at such a rate it is necessary to continually check that your information is current.

I was placed in a small, modern primary school in an area well known for its social and economic deprivation.

"Although I was a little apprehensive at first, I soon grew in confidence once I was introduced to Ann, my School Project Manager."

I appreciated her gentle approach as I began working with one child and then, when Ann was sure I felt confident enough to progress, I worked with two and then three children.

The Place2Be provides a really thorough on-going professional training programme and I have been lucky enough to attend training on topics such as Working with Metaphor, Children's Emotional Wellbeing and Making Endings.

"I absolutely loved my time here. I have learnt an enormous amount and perhaps most importantly I have had the privilege of seeing at first hand the amazing results that this early intervention approach has on the lives of the children."

Although at times working with the children can be harrowing, there's an undeniable energy and sense of fun that children bring with them, and there is no greater job satisfaction...than the sticky, gluey, glittery grin of a child who was 'allowed' to make a mess!



What we offer you

Join The Place2Be as a Volunteer Counsellor and you'll be drawing on over 14 years' experience of delivering successful early-intervention mental health services in UK primary schools.

In addition, you'll enjoy the following specific benefits:

- + A well-structured placement in a Place2Be school
- + Clinical hours towards Accreditation
(please refer to the back of this folder for details)
- + On-site supervision from an experienced School Project Manager
- + Developmental training including a choice of free one-day workshops
- + Opportunities to progress your career with the chance to move into paid employment with The Place2Be

Volunteer Introductory Workshop

Every Volunteer Counsellor is required to attend a two-day introductory workshop before starting their placement. This workshop will:

- + Enhance and transfer existing counselling skills to working with children
- + Explore play as therapeutic communication
- + Consider the different ways in which children might tell their stories

- + Learn about making a contract with children
- + Practice different therapeutic approaches within a safe environment

Further induction days enable volunteer teams to meet one another, and for new recruits to become familiar with their designated schools and Hubs.

Additional training opportunities

As a Volunteer Counsellor, you'll also have the option of attending a number of free one-day workshops throughout the year. Current workshops include:

- + Helping Children Tell Their Stories
- + Working with Metaphor
- + Children's Emotional Well-being
- + An Introduction to Attachment Theory and Practice
- + Working with Difference and Diversity
- + Making Endings

All of these workshops have been developed and refined to enable both trainee and qualified practitioners to enhance their skills, work more effectively with children and assist in managing The Place2Be casework.

What to do next

Simply complete the application form enclosed or download it from our website.

If you have any questions, please contact the Volunteer Recruitment Team

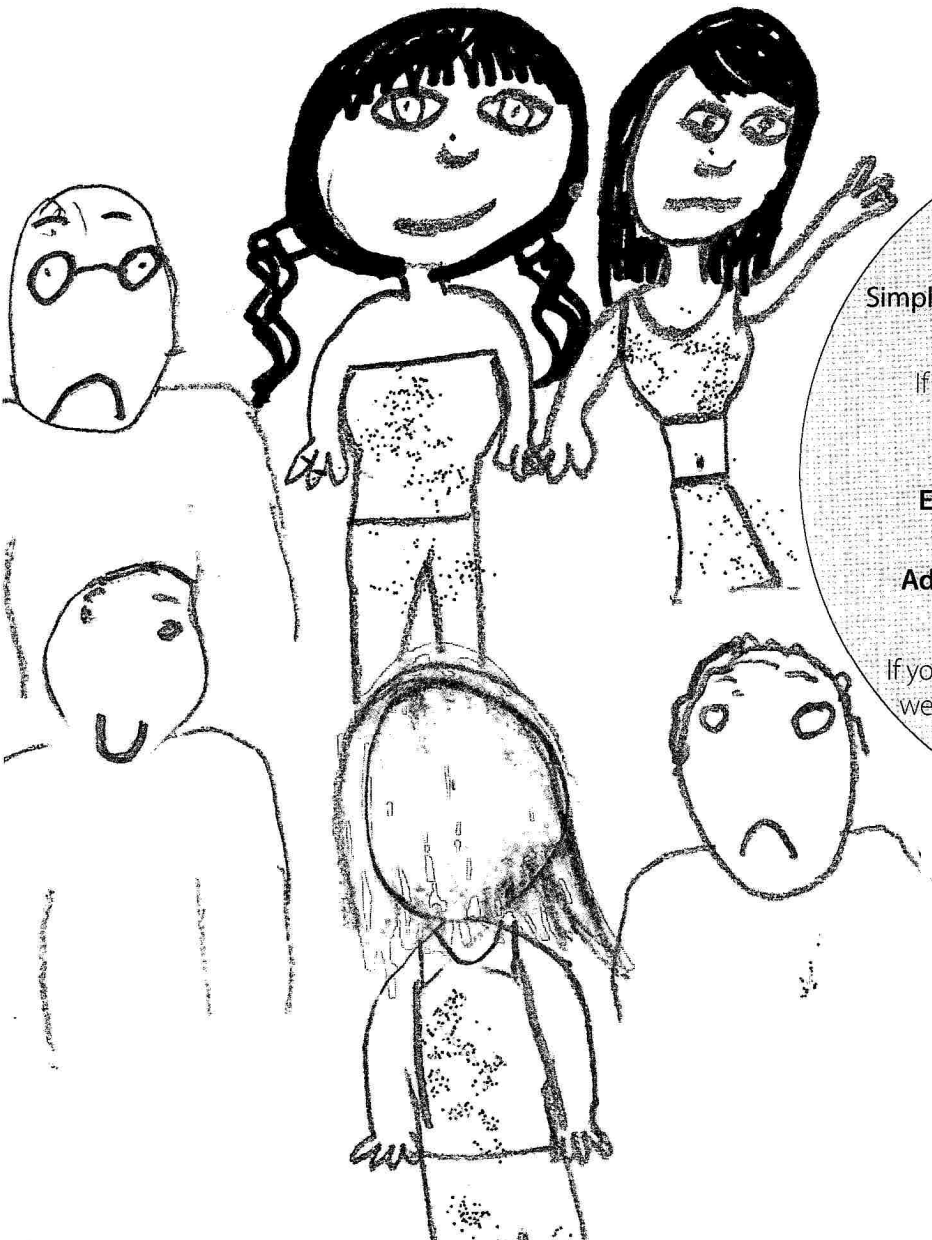
Phone: 020 7923 5507/5517

Email: volunteers@theplace2be.org.uk

Web: www.theplace2be.org.uk

Address: The Place2Be, 13/14 Angel Gate,
326 City Road, London EC1V 2PT

If your application meets the specified criteria, we will contact you to arrange an interview.



Your questions answered

Q What is the overall theoretical orientation of The Place2Be?

A We adopt an integrative approach and there are people working with us from a number of different backgrounds and orientations. If you need a supervisor from a specific background for training purposes, we will do our best to accommodate your needs. Please clarify any specific supervision requirements on the application form.

Q Will the hours count towards Accreditation?

A The British Association of Counselling & Psychotherapy (BACP) accepts 100% of child hours for the purpose of Accreditation and the United Kingdom Council of Psychotherapists (UKCP) accepts 25%. Please contact other accrediting bodies directly for more information.

Q Do I have to attend the training offered?

A You must attend the two-day Volunteer Introductory Workshop to ensure that you are fully prepared to begin working with children. Additional one-day training workshops are optional, and we encourage volunteers to attend as many as possible to inform and develop your practice. Attendance certificates are available for your Continuing Professional Development records.

Q Will you pay my travel expenses?

A Regrettably, as a charity we do not have funds to reimburse travel expenses. However, a Volunteer Counselling placement with The Place2Be is recognised as a unique professional opportunity and of considerable value both to trainees and to qualified practitioners. In our experience, the benefits more than compensate for the expenses incurred during the placement.

Q Do I need to arrange my own insurance?

A All Volunteer Counsellors are fully covered by The Place2Be's professional indemnity insurance policy when working for The Place2Be in schools, in accordance with our policies and procedures.

Q Do you run a specialist training course for people with no previous counselling experience?

A Yes, The Place2Be regularly runs a specialist training course for people with no previous counselling experience. This Foundation Course in Counselling Skills for Working with Children is accredited by the Open College Network (OCN) to level 3. It provides a route into volunteering with us, the chance to develop a career in childcare and the gateway to further counselling qualifications.

For further details about our Foundation Course please visit our website www.theplace2be.org.uk/p2btraining or call our Course Coordinator on 020 7923 5535.



Appendix 11

Making a lifetime of difference to children in schools

The Place2Be, 13/14 Angel Gate, 326 City Road, London EC1V 2PT
Tel: 020 7923 5500 Fax: 020 7833 8083 Email: enquiries@theplace2be.org.uk



Insert Date

Insert Address

Dear Parent / Carer (insert name)

As you are aware The Place2Be Counsellors are committed to the highest standards of personal and professional ethical practice. This means there is an ongoing need for them to maintain their skills and development as counsellors. Some counsellors undertake further training as part of this.

The counsellor working with your child is required to present an account of the work undertaken as part of their training. This written/taped (delete as appropriate) account will be **completely anonymous** and neither your child nor family will be identifiable. The account will remain confidential to the training college and will only be seen by a tutor and examiner.

We request your permission for the work with your child to be used for this purpose.

Yours sincerely

[insert name]

School Project Manager

I (parent/carers) consent for the work with (insert child's name)..... to be used by their counsellor for the purpose stated.

Signature:

Date:.....



Policy for use of clinical material

This paper sets out our policy on the use of clinical material by The Place2Be Counsellors and the recommended process to seek permission to do so.

Introduction

The Place2Be is clinically responsible for the work that The Place2Be Counsellor carries out with the child client. Weekly supervision is provided to volunteers to ensure effective, safe and quality practice.

The Place2Be acknowledges that many Place2Be Counsellors will also receive supervision as part of their training through their training institute. In this instance, ethical clinical practice requires that the identity and personal details of the client are anonymous and remain confidential.

Use of Case Material

a. External supervision – for counsellors in training

As part of their development in their training institutes, The Place2Be Counsellors may use details of the clinical material from their Place2Be placement with their training institute supervisors. We understand that this will support trainee counsellors' personal and professional development and should serve to enhance and support the counsellors' work with each child through development of personal, theoretical and professional insight.

In this instance, ethical clinical practice requires that the identity and personal details of the client are anonymous and remain confidential.

b. Oral or written case studies

The Place2Be recognises that some training institutes assess their students by oral or written case studies. Where a Place2Be Counsellor wishes to use a piece of Place2Be work as a basis of their case study, this requirement should be discussed with their School Project Manager. It is necessary for the child's parent/carer to complete a consent form.

The parent/carer should be invited to meet with the School Project Manager and The Place2Be Counsellor for permission to be agreed for material to be used, and to sign the consent letter. The School Project Manager should then hold a copy of the signed letter on the child's file. A copy of the signed letter should also be provided to the parent. The Place2Be's policy requires that the standard letter requesting consent be used (copy attached).

c. Recording material (video and audio)

The Place2Be holds as paramount the relationship with the child and the parent/carer and the respect essential within this. The Place2Be does not permit video recording of sessions

because this would breach confidentiality and risks being an intrusion into the therapeutic relationship. In exceptional circumstances we can support an oral recording where this would support the clinical and therapeutic work. The possibility of doing so should be discussed in supervision with the School Project Manager. Again, parental consent must be gained in advance using the standard letter attached. Oral consent must also be gained from the child.

Any recording must maintain the confidentiality and anonymity of the child and family. The recorded material must be stored in the child's file and must only be used for training purposes.

d. Use of drawings, models etc.

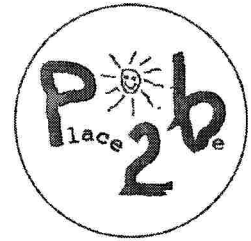
The Place2Be discourages removal of a child's media materials from The Place2Be room since they belong to the child. However, we recognise that some training courses require pictorial illustration of the clinical work for case study dissertation or supervisory reasons. **We strongly recommend that photographs of the drawings, pictures, and media be used in place of the original for this purpose.**

The Place2Be Counsellor must gain oral consent from the child for the photographing of materials. All photographs must maintain the confidentiality and anonymity of the child and family. When photographs are taken of the child's work, a copy should be given to the child to be placed in their art box.

Appendix 12

Making a lifetime of difference to children in schools

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Guidelines for Giving and Receiving Gifts When Working with Children at The Place2Be

There are many ethical and clinical considerations in the domain of gift giving and gift receiving during the Place2Be intervention. We do not permit The Place2Be Counsellors to 'buy' gifts for children nor do we recommend that they bring in a gift from outside the boundary of the work.

From a clinical perspective there are a number of good reasons for this:

- Issues around boundaries and containment are paramount, particularly for The Place2Be child since many will have been referred for reasons connected with unsafe and unpredictable boundaries in their personal home and school life
- The giving of a gift may arouse unease or suspicion in a child, leaving him or her uncertain as to what he or she is expected to do or provide in return. The giving of a gift may set up a sense of obligation on the part of the child to please the counsellor in some way, and this in turn may limit the child's sense of freedom in what he or she may want to express
- The giving and receiving of gifts takes place in the domain of ordinary life. The therapeutic relationship with the counsellor is not ordinary. The counsellor builds a relationship that is different – unique in many ways, involved as it is in processing and understanding of memories, desires, fears and anxieties. We should refrain from diverting a child from the uniqueness of the therapeutic relationship
- Working with children can be personally evocative and poignant for The Place2Be Counsellors. This needs to be recognised and understood in the context of the therapeutic relationship and used for the benefit of the child at all times. Some children receiving The Place2Be interventions are living in the context of material and emotional deprivation, and giving gifts may evoke a wish to rescue or compensate for this reality with the symbolic representation of a 'gift'
- The giving and receiving of gifts may incite envy and confusion in other children within The Place2Be interventions or children within the wider school community, since this is not standard or approved practice and other children will not receive a gift
- The Place2Be interventions are important and valuable because they are founded on the principles of building resilience and autonomy for the child. The most important gift we may offer a child is a safe and secure therapeutic environment with a focus on the reasons for referral and the vital information, which has been brought out by the clinical assessment
- The giving of a gift to a child may reflect the desire to continue the special therapeutic relationship beyond the end of The Place2Be intervention and may inhibit the child from processing and feeling the reality of the end, moving on, and reattaching to the primary relationships with adults and children at home and school. Avoidance of the pain of the

ending is not in the best interest of the child, and collusion between the child and The Place2Be Counsellor in the ritual of gifting may be an indication of this

Gifts from children

In many cases a child will have created pictures or media within the intervention which will be stored in their Place2Be box or art file. At the end of the intervention a child should be offered the choice of taking their work home or leaving the work with The Place2Be for disposal at the end of term. It may be appropriate for a child to 'give' The Place2Be Counsellor an item of this therapeutic art work should they choose to so do. The creation of an art object or card to signal the end of the therapeutic relationship may also be appropriate since this ending is part of the 'working through' within the boundaries of the intervention.

Should a child bring in a gift from outside, this should be accepted and acknowledged. The Place2Be Counsellor should discuss this with their School Project Manager as part of supervision.

If you have any further questions or need additional clarification, please discuss this with your School Project Managers.

Appendix 13



This is to certify that

Stephen Adams-Langley

has passed all elements of the

**Diploma in Individual and Group Supervision: Counselling,
Psychotherapy and Related Professions.**

Accredited by

**The Awarding Body Consortium under the Case Work
Supervision Scheme.**

In the year

2003

Signed.....

A handwritten signature in cursive script, appearing to read "Carol Bailey", written over a dotted line.

Date:

23 February 2004

For the Course Board

Diploma

in CASE WORK SUPERVISION

This is to certify

Stephen Adams-Langley

has satisfied the criteria for

Case Work Supervision

at Cascade Training Associates

03/March/2004

Centre No 055994

C/(Adam13041959Step0001)

Geoffrey Belk
Executive Director

Appendix 14

Making a lifetime of difference to children in schools

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Clinical Staff Training Programme # 3

Clinical Supervision Skills – Module One

Aims

For attendees to have the opportunity to -

- Continue to identify and evaluate oneself as an evolving supervisor.
- Know what the tasks and functions of supervision are and to be able to apply them to their role as supervisors.
- To develop greater knowledge and understanding of the building of a successful Working Alliance
- Identify and practise skills to assist supervisees develop their understanding and ability to work therapeutically.
- Be able to ensure that P2B's mission is fulfilled through the supervisory process.
- Be able to support supervisees in their on-going development into reflective practitioners.

Resources

- ☐ Flip Chart and felt tip pens
- ☐ Coloured felt tip pens and large sheets of paper for the group
- ☐ Resources 1 & 2: Role Play Scenarios for Supervisor and VC
- ☐ *Evaluation Forms*
- ☐ *Attendance Certificates*
- ☐ *Trainer Report*
- ☐ *Training-Operations Feedback Form*

Handouts

- ☐ Handout 1 - *Aims*
- ☐ Handout 2 - *Tasks & Functions of Supervision*
- ☐ Handout 3 - *Processes of Supervision*

10.30 - 10.50 Introductions, Contract, Housekeeping & Overview of Training Programme

Introductions/Opening Circle

Welcome: this is Module 1 of Clinical Supervision Skills training for SPMs. We'll start with an Opening Circle - please share your name, your hub and one thing you're hoping to gain from today.

Training Group Contract

As most, if not all SPMs, will have attended a P2B training previously, please pin the following Contract up on the wall and ask the group to read through with you. It is not necessary to spend more than a few minutes on this as long as you check that there are no additions or anything to be clarified by the group.

TRAINING CONTRACT FOR TODAY

CONFIDENTIALITY

Personal contributions to be left in the room although it's OK to take home any learning from the day & one's own experience. Please use anonymity for any case material.

Trainers will feedback generally to the Training Department unless there is a concern about a participant's safety. In these cases they will talk to the participant first and then the Internal Senior Trainer who will decide if this information is passed on to the participants line manager.

Trainers will also feedback any emerging themes/issues that need to be clarified by Operations.

SPEAKING FROM THE 'I' POSITION

VALUING each individuals knowledge and experience and having respect for difference

PERSONAL RESPONSIBILITY for what you share & taking care of yourself

TIME BOUNDARIES to be respected

MOBILE PHONES

Off or on silent, except in break times. (If you are expecting an urgent call, please have your phone on silent and let the group know in advance. This is only for extreme circumstances.)

Housekeeping

- Break times (lunch @ 12.15 for 45 mins; tea break at 2.30 for 15 mins; finishing @ 4.30)
- Toilets
- Fire exit

Overview of the training programme

Today is a follow-on from the learning you did at your New Staff Induction clinical day. We're going to be thinking about the role of supervision and the tasks/functions which take place in it. There will be opportunities to practice your skills and to try out how you might be in supervision as a supervisor.

~ Hand out Aims and ask if there are any questions.

MORNING SESSION

10.50 - 11.10 Small Group Work: *What is the purpose and role of supervision?*

Ask the group to break into small groups of 3 or 4 and instruct them to come up with four key statements that define the role and purpose of supervision. This doesn't have to be definitive definitions, rather four key phrases. They have 15 minutes.

~ While they are in small groups, flipchart the *Tasks and Functions of Supervision* (see below).

11.10 - 11.35 Whole Group Feedback: *What is the purpose and role of supervision?*

Ask the group to come back to the circle and feed back their four key statements about the role and purpose of supervision.

Discuss and define each point before flipcharting each groups key phrases.

Put this on the wall for the group to refer to throughout the day.

11.35 - 11.40 Short Lecturette: *The Tasks and Functions of Supervision*

Talk through the following brief information with the group:

The Tasks of Supervision are to help the supervisee to -

- *Develop counselling skills: by identifying skills used and those which may be helpful to develop.*
- *Develop a professional role: by understanding and applying ethical practice, good record keeping and using external resources when necessary.*
- *Develop emotional awareness: by naming and being aware of feelings, thoughts and actions (which result from working with the client and supervisor).*
- *Develop self-evaluation: by being aware of and willing to recognise limits of competence.*

The Functions of Supervision are for the supervisor to -

- *Monitor and evaluate: by discussing the supervisee's judgements & decisions regarding their client work. Some formal evaluation may occur in the form of report writing/reviewing.*
- *Advise: by providing information and suggestions based on professional knowledge.*
- *Model: by the supervisor modelling professional behaviour and practice.*
- *Explore: by facilitating a discussion about clinical and professional issues.*
- *Support: by empathic attention, encouragement and constructive feedback. Supervisors may share their own perceptions of the trainee's actions, emotions and attitudes.*

Task + Function = Process

At the end of this, refer back to the flipchart page(s) on the wall with the group's input from earlier.

11.40 - 11.55 Lecturette: *Inskipp/Proctor Approach to Supervision*

Talk through this approach using the OHP/flipchart for reference and using examples of your own and/or asking the group for their own material.

Use the notes below as a guide:

Francesca Inskipp and Bridget Proctor pioneered an approach to supervision, which has been adopted and applied by different therapeutic approaches and non-therapeutic agencies (such as social workers). It is generally seen as a simple approach to working with supervisees and provides a framework in which the supervisor enables development and learning.

SUPERVISION FUNCTIONS

Kadushin (1976), when writing about social work supervision, describes three main functions or roles, which he terms as:

1. EDUCATIVE
2. SUPPORTIVE
3. MANAGERIAL.

Proctor (1988a) makes a similar distinction in describing the main processes in the supervision of counselling; she uses these terms:

1. FORMATIVE
2. RESTORATIVE
3. NORMATIVE.

SUPERVISION PROCESSES

Proctor (2000) brings these two together to give the following terms for the 3 main processes in the supervision of counselling:

1. FORMATIVE/EDUCATIVE
2. RESTORATIVE/SUPPORTIVE
3. NORMATIVE/MANAGERIAL.

The EDUCATIVE or FORMATIVE process is about developing the skills, understanding and abilities of the supervisee. This is done through reflection on and exploration of the supervisee's work with clients.

The SUPPORTIVE or RESTORATIVE process is a way of responding to supervisees who have themselves become affected by the distress, pain and fragmentation of their clients.

The MANAGERIAL or NORMATIVE aspect of supervision provides the quality control function of the work with clients.

A good deal of supervision takes place in the areas where educative, supportive and managerial considerations all intermingle.

There are advantages and disadvantages of this approach:

On the positive side –

- *It's flexible and works well with different theoretical and philosophical approaches in both supervisor and supervisee*
- *It's simple enough to be applied by relatively novice supervisors and is excellent for working with counsellors in training*
- *It offers clear contracting and guidelines for the supervisee and overtly names the key aspects to address.*

However, this approach can be criticised in some ways:

- *Although all the key areas are covered by the three tasks, there are some aspects that can be neglected if this model is clung to too doggedly. For example, there is no overt attention placed on the context of the supervision (in the case of P2B this is triadic supervision, role of the SPM in school etc)*
- *Also this model is not 'process driven' and so, unless the supervisor specifically addresses different relationships and un-conscious /conscious processes, they may not be discussed in the supervision session.*

Other models you may wish to investigate are Michael Carrol, and Shohet and Hawkins process-based models.

11.55 - 12.30 Pairs Work: Good Working Alliance

Tell the group that, in order to establish these three tasks, there needs to be a good working alliance and that they are going to spend some time considering their own practice in light of this.

Ask them to move into pairs and to think about the following statement for 10 minutes:

How is forming a good working alliance with a supervisee different and similar to forming a working alliance with clients. ~ Flipchart this instruction.

After 10 minutes, ask the group to come back together and spend until lunch feeding back their thoughts about this. There will hopefully be a rich discussion if there are people from different approaches in the group.

As a general guide, the *Restorative* function should be seen as largely similar between working with clients and supervisees, with the *Formative* less so, and probably not at all regarding the *Normative* function.

Before ending the discussion think about the essentials of the relationship (as flipcharted previously) and highlight the similarities while recognising the difficulties and differences.

12.30 - 1.15 Lunch

EARLY AFTERNOON SESSION

1.15 - 1.30 Game: *Diagonals*

Ask the group to stand and move their chairs back so that the room is open plan with an imaginary diagonal line down the middle. Let the group know where the middle of the room is and mark this with something if necessary.

Let the group know that they should place themselves on the diagonal using the different opposites (which the trainer will call out) as a guide for where to stand. They will have a minute or so to place themselves on the diagonal line (wherever it feels right for them) and to acclimatise in each position.

Begin the game with a few easy opposites and then ask the group for suggestions. These should all be related to how they are as a Supervisor – not as a person outside their role.

Some suggested opposites to start with are:

- *Speaker/Listener*
- *Open/Closed*
- *Father/Mother*
- *Directive/Non-Directive*
- *Actor/Audience*
- *Hard/Soft*
- *Relaxed/Worried.*

At the end, while the group are still standing, have a short amount of feed back discussion time, asking the group to think about this felt and how it helps them to think about how they are as a supervisor.

1.30 - 2.10 Whole Group Exercise: *Practice Supervision Session*

Let the group know they are all going to be the supervisor for this session. Tell them: *"I will be the supervisee for the group and when one of you is ready to jump in indicate and you can respond to me as if we were in a supervision session"*.

Give the group a very brief outline (see below) and then begin. Assume it is not the first session and for the sake of this role-play assume that it is 1:1, not triadic. Before starting, check that the group is willing and let them know it will be low-ley, relaxed and fun.

Let the role play go for about 30 minutes but stop it at least once and get feedback from the whole group as to what is going on. If it's useful, flip chart what needs to be addressed in terms of the three tasks and write a list of the main points from the three tasks.

As the supervisee, deliberately put in plenty of minor mistakes or things that could do with challenging and/or addressing and make sure that issues to do with all three tasks arise (i.e. *Formative/Educative, Restorative/Supportive and Normative/Managerial.*)

NB: If the group is not able to engage in this activity, or you feel they are not safe enough to try, then get them to role play in threes and feed back in the same way.

Information for Scenario – 1:1 Supervision session with John/Jane:

John/Jane is a counselling student on an integrative course and s/he is in his/her final year. S/he has been working in a P2B school for six months; there has been no major concerns about his practice which has been consistent and boundaried, as well as warm and playful in all the playwork.

S/he is seeing three children in the P2B room: Joy (a girl in Year 4), Sam (a boy in Year 6) and Penny (a girl in Year 5) in that order for the past six weeks.

Penny is a particularly difficult child to work with and John/Jane has noticeably focussed on her in his/her supervision sessions. S/he is also preparing for the end of his/her course (in terms of assignments) and has mentioned a supervision report that needs to be written. The only concern is that s/he has sometimes struggled to be non-directive in his/her work and this has been addressed at his/her college as well as in your supervision sessions.

In this session John/Jane appears tense and abit withdrawn. As the supervisor, you have only seen him/her in passing before supervision at the end of the working day. At the very start of the session John/Jane tells you that s/he has received a complaint from a client at his/her other placement (which is work in a GP practice). S/he offered advice and passed information about a drug helpline to a client who took offence and decided to complain to the manager of the surgery. John/Jane is waiting to hear what will happen there.

When the group are practising their supervisor skills with you, bring out the following issues where necessary:

- *John/Jane has been deferred on one of his/her assignments which is about working with children. S/he stayed up late last night re-working it and so is very tired today.*
- *John/Jane is keen to be away from the session to continue working.*
- *John/Jane was withdrawn from all his/her children today and knows it. Sam became angry with him/her during the session asking, "why aren't you playing with me today", even though John/Jane felt like s/he was trying.*

At the end of the given time, let the group know the role-play has stopped, actively de-role and move on to the following small group work which relates to this exercise. Let the group know there will be time for whole group feedback about the exercise after this.

2.10-2.30 Small Group Work: *Practice Supervision Session*

Ask the group to break into small groups of 3 or 4 and, keeping in mind the three main tasks of supervision (i.e. *Formative/Educative, Restorative/Supportive* and *Normative/Managerial*), to think about the following questions in light of the role play that has just been completed:

~ Flipchart the following questions:

- *From this supervision session with John/Jane, what would be your priority to address immediately and what would be 'logged' either in note form or mentally to be taken to one's own supervision?*
- *Where does clinical and line management cross? (At P2B this is a dual role explicit in the SPM's position.)*
- *What function are you more comfortable with and which do you tend to neglect or avoid as a supervisor? (Therapists are by nature trained to offer support and so the restorative function is often the most comfortable fit for most people.)*
- *What is your 'style' of supervision?*

2.30 - 2.45 Whole Group: *Feedback and Discussion*

Ask the group to come back together and feed back their thoughts on the questions above, especially the first two.

Ask the group to make a mental note to think about the areas they neglect or avoid in supervision and to prioritise trying to include these more in their supervision sessions.

2.45 - 3.00 Tea/Coffee Break

LATE AFTERNOON SESSION

3.00 - 4.10 Skills Practice: *Triad/Pair work*

Ask the group to think about one of their supervisee's who they work with in supervision; this may be someone they have found challenging or rewarding. They will be roleplaying this person so that their peer can practice their supervisors skills.

NB: If the attendees do not have many supervisees at this stage (or there are other issues involved; i.e. all the group know the counsellors that would be brought), then they have the choice of either creating a scenario of their own (perhaps brought from their own experience) or to use the scenarios provided (~ see Resources 1 & 2: Role Play Scenarios for Supervisor and VC).

Let the group know that the aim of this exercise is to consider the three functions of supervision in relation to their own practice and therefore should be approached in a relaxed way and as a chance to practice. The focus should be on the issues that arise, **not** on feedback to the person practicing as a supervisor. To help facilitate this, the feedback time should be used to have a general discussion rather than focusing on feedback from the observer to the supervisor.

Instruct the group that, when beginning, the person playing the role of counsellor/supervisee should give a brief introduction to the supervisor - i.e. *"This is the first session of supervision after I've seen one child", or "We've worked together for a term and you have begun to have concerns about how directive the counselling is becoming"*.

Let the group know they will be using the following timings and the trainer will keep time:

- In Pairs:
Introduction & preparation = 5 minutes
Role play = 15 minutes
Discussion = 10 minutes, then swap over.
(Total = 30 minutes each scenario x2 = 60 minutes).
- In Triads:
Introduction & preparation = 5 minutes
Role play = 10 minutes
Discussions = 5 minutes, then swap over.
(Total = 20 minutes each scenario x3 = 60 minutes).

Ask the group to move into either triads or pairs and start their first role play.

4.10 - 4.15 Whole Group: Feedback & Discussion

Ask the group to feed back any key points that emerged from the role play.

4.15 - 4.30 Closing, Evaluation and Closing Circle

Closing

Reiterate that this training has been a space for them to think about *Clinical Supervision Skills* and there is a second day of training which will help to further these. Highlight for the group the key aspects of Module 2's training:

- *Thinking about the developmental stages of trainees and how this can impact on the role of the supervisor and the nature of the supervisory relationship.*
- *Learning how to support supervisees in their development into reflective practitioners.*
- *Developing a working knowledge and understanding of the framework and purpose of the Counsellor Review process.*
- *Practicing giving appropriate feedback to supervisors.*

Let the group know that, as with all new or developing skills, the ones they have learnt today will need to be practiced and reviewed in order to consolidate them.

Evaluation

Ask all participants to fill out an evaluation form.

~ Give out the following:

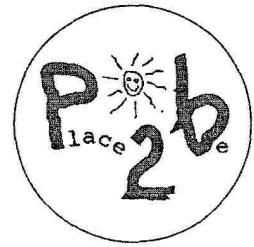
1. Handout 2 - *Tasks & Function of Supervision*

2. Handout 3 - *Processes of Supervision*

Closing Circle

Finish with a Closing Circle – *please share one aspect of the work you do in supervision that you will consider/change/adapt after today's training.*

4.30 Finish



Clinical Supervision Skills Module One – Handout 1

Aims

For attendees to have the opportunity to -

- Continue to identify and evaluate oneself as an evolving supervisor.
- Know what the tasks and functions of supervision are and to be able to apply them to their role as supervisors.
- To develop greater knowledge and understanding of the building of a successful Working Alliance
- Identify and practise skills to assist supervisees develop their understanding and ability to work therapeutically.
- Be able to ensure that P2B's mission is fulfilled through the supervisory process.
- Be able to support supervisees in their on-going development into reflective practitioners.



Clinical Supervision Skills Module One – Handout 2

Tasks and Functions of Supervision

The Tasks of Supervision

- *Developing Counselling Skills:* Identification of skills used and those which may be helpful.
- *Developing a Professional Role:* Understanding and application of ethical practice, record keeping, use of external resources.
- *Emotional Awareness:* Refers to trainee's self-awareness of feelings, thoughts and actions which result from working with both the client and supervisor.
- *Self-evaluation:* Willingness to recognise one's own limits of competence.

Functions of Supervision

- *Monitoring/evaluating:* Discussion about trainee's judgements and/or decisions regarding their client work. Some formal evaluation may occur in the form of report writing and reviewing.
- *Advising:* Providing information and suggestions based on professional knowledge.
- *Modelling:* Supervisor models professional behaviour and practice.
- *Exploring:* Supervisor facilitates the solving of clinical and professional issues.
- *Supporting:* By empathic attention, encouragement and constructive feedback. Supervisors may share their own perceptions of the trainee's actions, emotions and attitudes.

Task + Function = Process



Clinical Supervision Skills Module One – Handout 3

Processes of Supervision

Supervision Processes

Proctor (2000) uses the following terms to describe the 3 main processes in the supervision of counselling:

1. Formative/Educative
2. Restorative/Supportive
3. Normative/Managerial.

A good deal of supervision takes place in the areas where educative, supportive and managerial considerations all intermingle. Each process is looked at in more depth below.

The Formative/Educative Process

The EDUCATIVE/FORMATIVE process in supervision is about developing the skills, understanding and abilities of the supervisee. This is done through reflection on and exploration of the supervisee's work with the children. In this exploration the supervisee may be helped by the supervisor to:

- Understand the child better.
- Become more aware of their own reactions and responses to the child.
- Understand the dynamics of how they and the child are interacting.
- Look at how they intervened and the consequences of their intervention.
- Explore other ways of working with this and other similar situations.

The aim of this process in supervision is to assist the supervisee's learning and development. No particular model of practice is employed, but the supervisor in The Place2Be will need to demonstrate a sensitivity to a counsellor's theoretical base. This is particularly important when working with trainee or relatively inexperienced counsellors.

The supervisor uses a range of methods in order to develop the supervisee's knowledge and skills, seeking to use a common language that can embrace theoretical difference and diversity. Accepting that some knowledge and skills need to be imparted within the supervision relationship, we should work to encourage the natural learner in every trainee to 'come forth' and develop.

The teaching task in supervision may take many forms, from direct information giving to modelling, demonstrating, role-play and experiential learning.

The Supportive/Restorative Process

The SUPPORTIVE/RESTORATIVE function of supervision is a way of responding to supervisees who have themselves become affected by the distress, pain and fragmentation of the clients.

This function may help the supervisee to reflect on:

- Over-identification with the child's material.
- Re-stimulation of supervisee's own experiences.
- Transference and counter-transference processes.
- The possible need for a counsellor to take an issue to their own therapy for further exploration.

All supervisory relationships are enhanced by offering support and a place where supervisees can bring difficult issues and feel safe. At The Place2Be the emotional effects of working with children can create intense feelings, especially if the child is in distress. Additionally there may be emotional effects of working in a school setting, working in paired supervision, the relationship with the supervisor and the combined effects of the counsellor's work, training, home life, and own process.

The task of supervision is to explore the source of emotional arousal and more specifically the impact on the work with the child. Good supervision inevitably focuses some of its attention on the dynamics of the supervisee, but this must always arise out of the work related issues and be done in the service of understanding and being able to manage the work better.

One of the tasks of the supervisor is to monitor the level of intrusiveness of personal issues of the counsellor into their work with the children, and it may be that the counsellor will need to seek support outside of supervision (i.e. with their own counsellor, therapist, college supervisor or tutor). It is important not to lose sight of the client in this process.

The Normative/Managerial Process

The MANAGERIAL/NORMATIVE aspect of supervision provides the quality control function of the work with clients and derives from the supervisor's managerial and ethical responsibilities to ensure the client's welfare.

At The Place2Be this means ensuring that the mission is fulfilled in relation to the supervisee's direct work with the children s/he sees in the therapy room. As such, the supervisor:

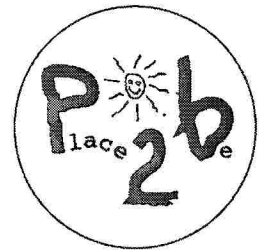
- Takes responsibility for the supervisee's casework.
- Ensures the supervisee complies with the procedures & policies of The Place2Be and the school as the setting.
- Ensures that the supervisee works according to the code of practice and ethics of The Place2Be (i.e. those of BACP).

The supervisor manages this by:

- Mirroring in his/her own practice the boundaries (timing, congruence, ethical practice, etc).
- Being responsible for the safety of the supervisee and the child.
- Monitoring the supervisee's self-awareness and ability to look critically at their work.
- Exploring parallel processes.

Making a lifetime of difference to children in schools

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Clinical Supervision Skills Module One **Role Play Scenario for Supervisor**

YOU ARE THE SUPERVISOR OF JANE, A VC ...

Jane is in her 1st Year of a Diploma in Counselling and already holds a Certificate in Counselling Skills. She has been on placement with The Place2Be for 4 months and has made a good connection to the children that she works with. She is committed and enthusiastic and uses supervision well to give an account of her work.

In recent weeks however, Jane appears stuck with all of her children. She says she feels as if the 'honeymoon period has come to an end' and is unsure of how to continue with the work.

In her last sessions two of the children she works with appear to have become disengaged from the process. One asked to leave early and the other has begun to act out on class.

You, as her supervisor, feel that she needs to begin to move into a more reflective space with the work and her own practice, as well as beginning to develop some understanding of what might be happening for these children.

With the three functions of supervision (*Formative/Educative, Restorative/Supportive and Normative/Managerial*) in mind, consider how you may begin to encourage Jane to look at this work and what may be happening in the work for these children and indeed for herself.

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Clinical Supervision Skills Module One

Role Play Scenario for VC

YOU ARE JANE, A VOLUNTEER COUNSELLOR ...

You are in the first year of Diploma in Counselling course and have been on placement with The Place2Be for 4 months.

You enjoy the work and you particularly enjoy being with the children who seem to also really enjoy coming to the session with you.

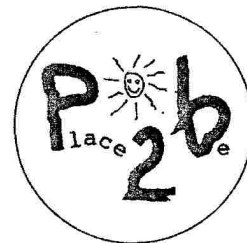
In recent sessions however, the children seem less enthusiastic. One wanted to leave early and the other has been acting out in class on return to lessons.

You don't know what to do and feel that you must be doing a bad job as the children you are working with are not getting better and don't seem to enjoy the sessions in the way that they used to.

In fact they seem very distant now which is different to how it used to be. You want to know from your supervisor '*What is going on?*' and '*What am I doing wrong or perhaps have the children done enough work for now?*'

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Clinical Staff Training Programme # 5 **Clinical Supervision Skills – Module Two**

Aims

For attendees to have the opportunity to -

- Continue to identify and evaluate oneself as an evolving supervisor.
- Increase their understanding of the developmental stages of trainees and how this can impact on the role of the supervisor and the nature of the supervisory relationship.
- Develop greater knowledge and understanding of supporting the development of supervisees reflective practice.
- Understand the framework and purpose of the Counsellor Review process.
- Practice being able to give appropriate feedback to supervisees.

Resources

- ☐ Flip Chart and felt tip pens
- ☐ Coloured felt tip pens and large sheets of paper for the group
- ☐ *Evaluation Forms*
- ☐ *Attendance Certificate*
- ☐ *Trainer Report*
- ☐ *Training-Operations Feedback Form*

Handouts

- ☐ Handout 1 - *Aims*
- ☐ Handout 2 - *Developmental Approach*
- ☐ Handouts 3 & 4 - *Supervising Trainees and Reflective Practice* (double-sided)
- ☐ Handouts 5 & 6 - *Feedback and 'Must & Can' Interventions* (double-sided)

10.30 Start

NB: place Aims on each participant's chair before they arrive.

10.30 - 10.50 Introductions, Contract, Housekeeping & Overview of Training Programme

Introductions/Opening Circle

Welcome: this is Module 2 of Clinical Supervision Skills training for SPMs. We'll start with an Opening Circle - please share your name, your hub and one thing you're hoping to gain from today.

Training Contract

As most, if not all SPMs, will have attended a P2B training previously, please pin the following Contract up on the wall and ask the group to read through with you. It is not necessary to spend more than a few minutes on this as long as you check that there are no additions or anything to be clarified by the group.

TRAINING CONTRACT FOR TODAY

CONFIDENTIALITY

Personal contributions to be left in the room although it's OK to take home any learning from the day & one's own experience. Please use anonymity for any case material.
Trainers will feedback generally to the Training Department unless there is a concern about a participant's safety. In these cases they will talk to the participant first and then the Internal Senior Trainer who will decide if this information is passed on to the participants line manager.
Trainers will also feedback any emerging themes/issues that need to be clarified by Operations.

SPEAKING FROM THE 'I' POSITION

VALUING each individuals knowledge and experience and having respect for difference

PERSONAL RESPONSIBILITY for what you share & taking care of yourself

TIME BOUNDARIES to be respected

MOBILE PHONES

Off or on silent, except in break times. (If you are expecting an urgent call, please have your phone on silent and let the group know in advance. This is only for extreme circumstances.)

Housekeeping

- Break times (lunch @ 12.15 for 45 mins; tea break at 2.30 for 15 mins; finishing @ 4.30)
- Toilets
- Fire exit

Overview of the training programme

Start by saying that today is a follow-on from *Module 1 on Clinical Supervision Skills*. Let the group know that after today they may still feel they have gaps in their practice; neither this nor Module 1 can cover all the factors which are important to the area of supervision so remind them to record the other aspects that might want addressed on a further supervision training on the evaluation forms at the end of the day as this will enable the trainers to tailor future trainings.

~ Hand out Aims and ask if there are any questions.

MORNING SESSION

10.50 - 11.05 Individual Work: *Creative Timeline*

Ask the group to use the materials available to create a timeline of their development as a professional counsellor or therapist. Give the following instruction:

Create this timeline starting from the first seed of what led you to this field up until the present day. Include on it important points and people - such as tutors, peers, clients, jobs and events whether positive or negative experiences. Work alone and in silence. Take responsibility for how much to disclose as you will be sharing it with one other person. You have 10 minutes.

Keep time and warn when only a few minutes to go.

11.05 - 11.15 Pairs Work: *Sharing Timelines*

Ask the group to move into pairs and spend 10 minutes sharing and discussing their timelines in pairs. Let them know this is not a skills practice session.

Keep time and warn when only a few minutes to go.

11.15 - 11.35 Lecturette: *Development Approach to Supervision*

Talk through the following notes:

We're going to be thinking about the DEVELOPMENT APPROACH TO SUPERVISION from Hawkins & Shohet (1998). This approach suggests that supervisors need to have a range of styles and approaches which are modified as the counsellor gains in experience and enters different developmental stages. There are 4 levels for us to think about ...

Level 1 -

This is mostly characterised by the counsellors dependence on the supervisor. Supervisees at Level 1 can be anxious and insecure about their role and their own ability to fulfil it. They may lack insight but may also be highly motivated.

Level 1 supervisees can present as follows:

- *The focus will be on a verbatim account of the session.*
- *Discussion will often focus on aspects of the clients history, current situation or personality assessment data, to the exclusion of other relevant information.*
- *Grand conclusions are sometimes drawn based on small sound bites of information.*

In order to cope with the normal levels of anxiety of Level 1 counsellors the Supervisor will need to:

- *Provide a clearly structured environment.*
- *Include positive feedback and encouragement.*

- *Encourage the supervisees to return from premature judgements about both the client and themselves and to consider what actually took place.*

The following quote sums up what's needed: 'Balancing support and uncertainty is the major challenge facing supervisors of beginning therapists' (Stoltenberg and Delworth, 1987).

Level 2 -

At this level the supervisee begins to overcome initial anxieties and will often fluctuate between dependence and autonomy, and between over-confidence and being overwhelmed. In their work with clients the Level 2 counsellor will begin to be less simplistic and single focused both about the developmental process of the client and their own training.

Level 2 supervisees can present as follows:

- *They are beginning to realise, on an emotional level, that becoming a therapist is a long and sometimes arduous process.*
- *They are discovering that skills and interventions effective with some clients are less effective with others.*
- *Loss of early confidence and simplicity of approach may lead some supervisees to become angry with their supervisor who they may see responsible for their disillusionment.*
- *Similarly, feelings of incompetence and inadequacy can sometimes be projected on to the supervisor who is seen as having failed the supervisee in some way.*

In order to support a counsellor at Level 2 the supervisor will need to:

- *Offer a supervisory process that is less didactic and structured .*
- *Offer a great deal of emotional holding as counsellors can oscillate between excited and depressed feelings of not being able to cope or perhaps even being in the wrong job.*
- *Stay professionally grounded and focused on the task.*

Level 3 –

At this level, it becomes less possible to recognise what orientation the counsellor has been schooled in, as they have by this stage incorporated the training into their own personality, rather than using a piece of learnt technology.

Level 3 counsellors can present as follows:

- *They are beginning to show increased professional confidence, with only conditional dependency on the supervisor.*
- *They have developed greater insight and show a more stable motivation to the work.*
- *Supervision has the potential to become more collegial with opportunities for sharing and professional and personal confrontation.*

Level 4

Often at this stage supervisees have become supervisors themselves and this can greatly consolidate and deepen their own learning. Supervisors may find themselves saying things to their supervisees that they also need to learn for themselves.

Level 4 counsellors can present as follows:

- They may have reached 'master level' which is characterised by personal autonomy, insightful awareness, personal security and stable motivations.

There are some limitations of the model which include the following:

- Some people might use this model too rigidly as a blueprint for prescribing how every supervisee at each stage should be treated.
- Supervisors are also passing through stages in their own development and we must also consider the interaction between both parties.
- We need, as supervisors, to guard against becoming over-inflated in thinking that we are solely responsible for another person's development.

~ Hand out Handout 2: Developmental Approach

11.35 - 11.40 Brief Individual Work: Adding to the Timeline

At the end of the lecturette, ask the group to consider how these levels might be relevant to both them and the supervisees that they work with.

Ask them then to go back to their timelines and mark where they were at each level in their timeline. Let them know that this approach is not set in stone and we all move around in the levels so they may need to generalise somewhat.

They have 5 minutes to do this.

11.40 - 11.45 Brief Lecturette: Supervising Trainees

Talk through the following brief notes:

There are some things to think about in particular when supervising trainees:

- Supervision will be one major forum for counsellor learning and development and therefore the educative process will be in the foreground.
- The managerial function of gatekeeper to the profession - model, mentor, inductor, appraiser and assessor - will overlap with the educative function.
- The trainee is an apprentice and this has special implications for the nature of the working alliance and the content of the working agreement.
- The balancing of the two goals of, (1) counsellor competence and (2) trainees confidence, will be particularly sensitive and both will be affected by the quality of the working relationship.
- You will need to be aware how the work that you are doing meshes in (or conflicts with) the work being done on the supervisees training.

11.45 - 11.55 Small Group Work: *Reflective Practice*

Ask the group move into small groups of three and brainstorm what *Reflective Practice* means. Ask them to come up with three core statements which sum up this statement. Let them know they have 10 minutes and ~ keep time.

11.55 - 12.10 Lecturette: *Developing Reflective Practice*

Talk through the following notes:

It is often difficult for supervisors to avoid answering supervisees questions and to stop themselves from giving brilliant piece of advice or to step in and solve the problem. Supervisors can feel under pressure to provide a therapeutic solution to show their competence and also to be helpful.

It is important for supervisors to train supervisees to be aware of what is happening while the session is going on, with an emphasis on thoughts, feelings and behaviours. In other words developing the supervisees 'internal supervisor' (Casement, 1985).

Reflective Practice means extending the narrative of what happened in a session to developing insight into the unconscious processes present within the therapeutic relationship, as well as developing an understanding of what is being communicated through play, movement, body language, etc.

An example of non-reflective practice would be: child says to counsellor, "I'm frightened of getting stuck in lifts" to which the counsellors replies, "I don't like lifts either".

If one of our goals is to support the development of the reflective practitioner, the supervisee can be encouraged to engage in a number of active strategies to further this goal. The following questions, used by the supervisor, may be helpful to aid this process:

- *Describe the therapeutic events in the session?*
- *What are your questions about these events?*
- *What were you thinking during this part of the session?*
- *What were you feeling? How do you understand these feelings now?*
- *Consider your actions - what were you trying to do?*
- *What were the results of your interventions?*
- *What was the emotional flavour of the interaction? Was it different in any way from your usual experience with this client?*
- *What theories do you use to make sense of what is going on in the session?*
- *What past experiences (personal/professional) affect your understanding?*
- *What might be useful to do next?*
- *How might the client respond?*

We are encouraging supervisees to develop themselves as a 'fair witness' who can stand back and look at the work without judging or criticising. We may encourage the supervisee to break down their process into:

- *What actually happened in the session?*
- *How did they intervene?*
- *What were the results of the intervention?*

And to consider:

- *The therapeutic process.*
- *The unconscious process between counsellor and client.*
- *What they think is being communicated.*
- *What their understanding is of what is happening.*
- *What their understanding is of what may be happening for the client.*
- *What may be useful to consider next.*

As you talk through this, allow some discussion as there may be some disagreement between what is in the handout and what they have come up with. Remind the group that this is one way of thinking, not a clear definition and that developing this way of thinking is a key part of the supervisors role.

12.10 - 12.20 Creative Exercise: *Developing Reflective Practice*

Ask the group to think about their own supervisees or, if they don't have any, to think about a client or trainee. Let them know that this exercise is about developing reflective practice.

Ask the participants to draw their supervisee as a house with the instruction to do this in any way they wish, using art and creative materials. Let them know they will be sharing this with one other and to be aware of boundary issues (i.e. do not use a supervisee that someone else knows, etc). They have 10 minutes. ~ Keep time.

12.20 - 12.30 Pairs Work: *Sharing their Creative Work*

Ask the group to move into pairs and spend 5 minutes each discussing their creative work. Ask them to avoid asking questions but to facilitate in the way they would if the other person was their supervisee.

~ Keep time for 10 minutes, asking them to swap after 5 minutes.

At the end, whilst the group are still in pairs, let them know that this exercise can be adapted for counsellors to use in relation to their clients, especially if they feel stuck about some aspect of the work. Also, you may want to share that this exercise models the way we work with children, i.e. if a counsellor struggles to engage with such an exercise this gives an avenue for discussion about how they work with the children. Sometimes major things can be revealed; for example: one supervisee who did this exercise created a house that looked lovely but was without a door. With help she realised there was a difference in how she tried to present; she wanted to be open but with the child was missing a sense of real openness in her approach.

~ Give out Handouts 3 & 4: *Supervising Trainees and Reflective Practice* (double-sided)

EARLY AFTERNOON SESSION

1.15 - 1.45 Pairs Work: *Creative exercise - Adaptation of Winnicott's Squiggle Game*

Give the group the following instruction step-by-step:

1. *Find a partner that you feel comfortable with and take a piece of paper. Place it in front of and between both of you and find two different colour pens each and check that they work and are visible on the paper.*
2. *Choose one of your pens and close your eyes. Allow your pen to drift over the paper. Don't try to create an image but let it scrawl over the paper for a minute. You are both doing this at the same time.*
3. *Open your eyes and, with your other pen, look to see if any images come to mind when you look at the drawing you have done on the paper. Without speaking, take it in turns to fill in or outline sections of the squiggle.*
4. *Put your pens down and spend 10 minutes in your pairs discussing the image and the process of creating it. Remember to adhere to the group contract and discuss only what came up for you individually and as a pair.*

NB: If there is an uneven number, there may need to be one observer.

~ Keep time.

Ask the group to come back to the circle and have a discussion for the remaining time available. Remind the group not to share anything that was shared with them in the paired work at this time.

During the discussion, or when closing, bring the following points to the group's attention:

- This exercise can bring up or highlight existing issues between people (- which won't be relevant here -) but which be a starting point for a discussion about relationships and so can be done between supervisor/supervisee and between two paired supervisees with the supervisor as an observer or facilitator.
- If this exercise is used with supervisees it may bring up issues that are more appropriate if taken to therapy; however, the supervisors role will be to discuss what is appropriate in relation to their work with children and to the work in the supervision room.
 - It is **not** a method for counsellors to use with children.

1.45 - 2.30 Group Brainstorm & Lecturette: *Giving Feedback & Challenging Supervisees*

Let the group know we are going to be thinking about the review process for volunteer counsellors. Ask the group the following question and lead a discussion on it:

How do we review and assess counsellors work?

The following ideas should be brought up and discussed:

- Yearly review
- Counsellor interview
- Weekly check-in during supervision sessions
- Feed back from others
- Anything else?

When the brainstorm has finished, talk through the following notes:

WHEN AND HOW TO REVIEW using 'must' and 'can' interventions and CORBS feedback. There will be a handout with this information on it.

A MUST Intervention is something you must perform because:

- a) the supervisee is doing something that concretely and tangibly affects the therapeutic work in a negative way and could impact on the efficacy of the therapeutic relationship and the therapy itself, and/or have a detrimental effect on the client.*
- b) it is part of your job/role to ensure the performance or certain tasks.*

In a MUST intervention you will need to follow up to ensure any identified tasks are completed by the supervisee.

A CAN Intervention is one you feel you can encourage because:

- a) you have a good enough relationship with the counsellor.*
- b) you have information that may be helpful.*
- c) you want to support the supervisee.*

In a CAN intervention it is up to the supervisee to decide if and when the information will be used and there is no need for you as the supervisor to know or approve of change.

All feedback should be consistent with the following CORBS principles:

- *C = CLEAR: clarity diminishes anxiety and confusion.*
- *O = OWNED: this feedback is your perception and not an ultimate truth; e.g. "I find you" rather than "you are".*
- *R = REGULAR: don't save up concerns to deliver all in one go. Regular feedback can be received usefully and acted upon in a timely fashion.*
- *B = BALANCED: check if the feedback you're giving is always negative or always positive; your view could be distorted.*
- *S = SPECIFIC: give specific information with examples if you can which can be acted upon.*

It's important that, in addition to The Place2Be's structure of review, participants should be encouraged to develop their own ways of ensuring close monitoring what is happening in their supervisee's work. Much of this comes down to contracting and so can be thought about in

advance. For example it may be explicit in their contract with the counsellors that every term the SPM will meet with each counsellor individually for a brief session. Then if concerns need to be addressed outside the triadic agreement there is a facility for this to happen without the counsellor feeling that the SPM is being punitive in some way (or less likely to).

The participants may have specific challenging supervisees that they wish to share with the group. Allow them to do so if it is relevant to the subject but point out that they will have the opportunity to consider their difficult supervisees after the break.

~ Hand out Handouts 5 & 6: Feedback and 'Must & Can' Interventions (double-sided)

2.30 - 2.45 Tea/Coffee Break

LATE AFTERNOON SESSION

2.45 - 4.00 Triad/Pair Skills Practice: *Giving Difficult Feedback/Challenging Supervisee's*

Let the group know that this section is about practicing giving difficult feedback or challenging supervisee's. Ask them to think of a difficult supervisee or issue about them that feel able to role play - with them as the supervisee.

They will be moving into triads/pairs and, before each role-play, will need to give the others a brief outline of what the case situation is, it's context (i.e. end of year review, emergency session, beginning with new clients, etc) and what aspects this counsellor needs feedback on.

Talk through the following:

This is about experimenting with how it feels to receive feedback and what alternative ideas your colleagues have about giving feedback and reviewing. There's an hour available for this exercise and I'll let you know at the end of 20, 40 & 60 minutes so please make sure that each person in the triad has 20 minutes thinking about their own case. (If you're in pairs, you have 30 minutes each). In the role plays don't be afraid to be real (i.e. give your colleague a taste of what you have experienced!) but remember the group contract.

Ask the group to move into triads (preferably) but pairs if need be due to numbers. Let them know you will be starting the clock in a minute's time.

~ Keep time – asking the triads to change roles/discussions after 20 & 40 minutes, and pairs after 30 minutes.

Before asking the group to come back to the circle, remind them to actively de-role in their triads/pairs.

4.00 - 4.15 Whole Group Discussion

Ask the group to share key points from the last exercise or any aspects from the day.

4.15 - 4.30 Closing, Evaluation and Closing Circle

Closing

Reiterate that this training has been a space for them to think about *Clinical Supervision Skills*. While they've had a chance to think about supervising others, remind them about being aware of their own process and remembering to take all issues, including what has been looked at here to their own supervision.

Add that, as with all new or developing skills, the ones they have learnt today will need to be practiced and reviewed in order to consolidate them.

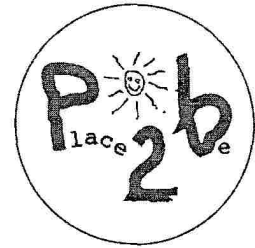
Evaluation

Ask all participants to fill out an evaluation form and check they have all the handouts (- see front page of this programme for list).

Closing Circle

Finish with a Closing Circle – *please share one aspect of the work you do in supervision that you will consider/change/adapt after today's training.*

4.30 Finish

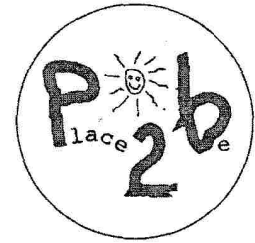


Clinical Supervisions Skills Module Two – Handout 1

Aims

For attendees to have the opportunity to -

- Continue to identify and evaluate oneself as an evolving supervisor.
- Increase their understanding of the developmental stages of trainees and how this can impact on the role of the supervisor and the nature of the supervisory relationship.
- Develop greater knowledge and understanding of supporting the development of supervisees reflective practice.
- Understand the framework and purpose of the Counsellor Review process.
- Practice being able to give appropriate feedback to supervisees.



Clinical Supervision Skills Module Two – Handout 2 **Developmental Approach to Supervision**

From Hawkins & Shohet (1998)

This development approach suggests that supervisors need to have a range of styles and approaches which are modified as the counsellor gains in experience and enters different developmental stages.

Level 1

This is first characterised by the counsellors dependence on the supervisor. The supervisees can be anxious, insecure about their role and their own ability to fulfil it. They may lack insight but are also highly motivated.

Level 1 supervisees may present as follows:

- Their focus will be on a verbatim account of the session;
- Discussion will often focus on aspects of the clients history, current situation or personality assessment data – to the exclusion of other relevant information;
- Grand conclusions are sometimes drawn based on small sound bites of information.

In order to cope with the normal levels of anxiety of Level 1 counsellors the Supervisor will need to:

- Provide a clearly structured environment;
- Include a positive feedback and encouragement;
- Encourage the supervisees to return from premature judgements about both the client and themselves and to consider what actually took place.

'Balancing support and uncertainty is the major challenge facing supervisors of beginning therapists' (Stoltenberg and Delworth 1987)

Level 2

Here the supervisee begins to overcome initial anxieties and will often fluctuate between dependence and autonomy and between over confidence and being overwhelmed. In their work with clients the Level 2 counsellor will begin to be less simplistic and single focused both about the developmental process of the client and their own training.

Level 2 supervisees may present as follows:

- They are beginning to realise, on an emotional level that becoming a therapist is a long and sometimes arduous process;
- They are discovering that skills and interventions effective with some clients are less effective with others;
- Loss of early confidence and simplicity of approach may lead some supervisees to become angry with their supervisor who they see responsible for their disillusionment;

- Feelings of incompetence and inadequacy can sometimes be projected on to the supervisor who is seen as having failed the supervisee in some way.

In order to support a counsellor at Level 2 the supervisor will need to:

- Offer a supervisory process that is less didactic and structured;
- Offer a great deal of emotional holding as counsellors can oscillate between excitement and depressive feelings of not being able to cope or perhaps even being in the wrong job;
- Stay professionally grounded and focused on the task.

Level 3

Here it becomes less possible to recognise what orientation the counsellor has been schooled in, as they have by this stage incorporated the training into their own personality, rather than using a piece of learnt technology.

Level 3 counsellors may present as follows:

- They are beginning to show increased professional confidence, with only conditional dependency on the supervisor;
- They have developed greater insight and show a more stable motivation to the work;
- Supervision has the potential to become more collegial with opportunities for sharing and professional and personal confrontation.

Level 4

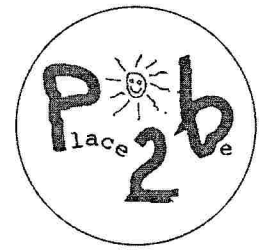
Often at this stage supervisees have become supervisors themselves and this can greatly consolidate and deepen their own learning. Supervisors may find themselves saying things to their supervisees that they also need to learn for themselves.

Level 4 counsellors may present as follows:

- They may have reached 'master level' which is characterised by personal autonomy, insightful awareness, personal security and stable motivations;
- Supervisors are also passing through stages in their own development and we must also consider the interaction between both parties.

Limitations of this model

- There is a danger in using this model too rigidly as a blueprint for prescribing how every supervisee at each stage should be treated;
- Supervisors are also passing through stages in their own development and we must also consider the interaction between both parties;
- We need, as supervisors, to guard against becoming over-inflated in thinking that we are solely responsible for another person's development.

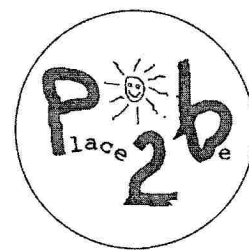


Clinical Supervision Skills Module Two – Handout 3

Supervising Trainees

Some Differences in Supervision

- Supervision will be one major forum for counsellor learning and development - the educative process will be in the foreground.
- The managerial function of gatekeeper to the profession - model, mentor, inductor, appraiser and assessor - will overlap with the educative function.
- The trainee is an apprentice and this has special implications for the nature of the working alliance and the content of the working agreement.
- The balance of the two goals of counsellor competence and trainees confidence will be particularly sensitive and both will be affected by the quality of the working relationship.
- You will need to be aware how the work that you are doing meshes in (or conflicts with) the work being done on the training.



Clinical Supervision Skills Module Two – Handout 4

Developing Reflective Practice

It is often difficult for supervisors to avoid answering supervisee's questions and to stop themselves from giving a piece of advice or to step in and solve the problem. Supervisors can feel under pressure to provide a therapeutic solution to show their competence and also to be helpful. It is important for supervisors to train supervisees to be aware of what is happening while the session is going on, with an emphasis on thoughts, feelings and behaviours. In other words developing the supervisees 'internal supervisor' (Casement, 1985)

Reflective practice is extending the narrative of what happened in a session to developing insight into the unconscious processes present within the therapeutic relationship. This means developing an understanding of what is being communicated through play, movement, body language, etc. An example of non-reflective practice would be: child says to counsellor, "I'm frightened of getting stuck in lifts" to which the counsellor responds, "I don't like lifts either. The counsellor has responded to the child's comment without reflecting on what the child might really be saying.

If one of our goals is to support the development a supervisee into a reflective practitioner, they should be encouraged to engage in a number of active strategies to further this goal. The following questions may be helpful for this process in a supervision session:

- Describe the therapeutic events ...
- What are your questions about these events?
- What were you thinking during this part of the session?
- What were you feeling? How do you understand these feelings now?
- Consider your actions: what were you trying to do?
- What were the results of your interventions?
- What was the emotional flavour of the interaction? Was it different in any way from your usual experience with this client?
- What theories do you use to make sense of what is going on in the session?
- What past experiences (personal/professional) affect your understanding?
- What might be useful to do next?
- How might the client respond?

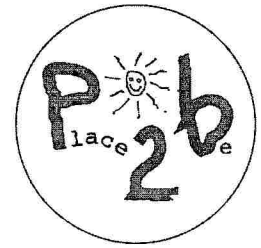
We are encouraging supervisees to develop themselves as a 'fair witness' who can stand back and look at the work without judging or criticising. We may encourage the supervisee to break down their process into:

- What actually happened in the session;
- How did they intervene;
- What were the results of the intervention;
- To consider the therapeutic process;
- To consider the unconscious process between counsellor and client;
- What is being communicated;

- What is their understanding of what is happening;
- What is their understanding of what may be happening for the client;
- What may be useful to consider next.

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Clinical Supervision Skills Module Two – Handout 5 **Giving and Receiving Feedback**

Feedback helps us to become aware of what we do and how we do it. Receiving it gives us an opportunity to change and modify in order to become more effective at what we do

To be helpful, feedback needs to be given in a concerned and supportive way and to include both positive and negative observations

It should focus on:

- The behaviour rather than the person – what he/she does (rather than what we imagine he/she is).
- Observations rather than interferences – what is said or done (not why or our assumptions).
- Description rather than judgements.
- Being specific rather than generalising.
- Sharing ideas and information (rather than giving advice). i.e: “I felt, I thought”
- The amount of information the receiver can use (rather than the amount that we would like to give).
- Behaviour the receiver can do something about.

Wherever possible sandwich negative feedback between positive and ensure the receiver hears both. Likewise, summarising the feedback given can be helpful.

Developing Feedback Skills using Corbs

Corbs stands for:

- **C = CLEAR:** Clarity diminishes anxiety and confusion.
- **O = OWNED:** This feedback is your perception not an ultimate truth (i.e. “I find you” rather than “you are”).
- **R = REGULAR:** Try not to save up concerns to one large package. Regular feedback can be more easily received usefully and acted upon.
- **B = BALANCED:** Check if you feedback is always negative or always positive – your view could be distorted.
- **S = SPECIFIC:** Give specific information which can be acted upon.

It should be the aim of every supervisor to be able to challenge their supervisee in such a way that the supervisee feels professionally intact at the end of the session. The act of intervening will always involve risk but done with care it can deepen and strengthen your relationship with your supervisee and provide a useful model for encouraging change. It models how the counsellor themselves will be taking appropriate risks in the work with their clients.

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Clinical Supervisions Skills Module Two – Handout 6 **‘Must & Can’ Interventions**

A **MUST Intervention** is something you must perform because:

- a) The supervisee is doing something that concretely and tangibly affects the therapeutic work in a negative way and could impact on the efficacy of the therapeutic relationship and the therapy itself and/or have a detrimental effect on the client.
- b) It is part of your job/role to ensure the performance or certain tasks.

For this intervention you as the Supervisor must be satisfied with whatever alternative behaviour is decided on.

Guidelines for a MUST Intervention:

- a) A signal that you have some concerns.
- b) State your concerns. Be descriptive (name the behaviour) and include thoughts and feelings about it. Say why you are concerned and why you need to intervene.
- c) Involve your supervisees in finding the solution – it is important to enter the solution-finding stage without you knowing how the problem will be resolved.
- d) If you feel resistance, switch to active listening which encourages the supervisees to express how they are feeling. If they feel heard they are more likely to move to looking for a solution.
- e) Ensure that you are satisfied with the solution. Although you enter the negotiation stage with an open mind it is important that you as a supervisor ensure that the outcome is satisfactory.

It is useful to identify with yourself beforehand the minimal result you want to happen. *You are clear about the ‘what’ - the negotiation is about the ‘how’.*

A **CAN Intervention** is one you feel you can encourage because:

- a) You have a good-enough relationship with the counsellor.
- b) You have information that may be helpful.
- c) You want to support the supervisee.

In a CAN intervention it is up to the supervisee to decide if and when the information will be used and there is no need for you as the supervisor to know or approve of change.

Guidelines for a CAN Intervention:

- a) Ensure that your relationship is good enough to allow challenge.
- b) State the general nature of your concern and ask permission to share some information or insight that you may have.
- c) Wait for permission before you go.
- d) Share your personal concerns – be specific describing behaviour/circumstances
- e) If you feel resistance switch to active listening.
- f) Be brief and state your concerns only once.
- g) Allow the supervisee to respond and consider your intervention.

The act of intervening will always involve risk - but done with care it can deepen and strengthen your relationship with your supervisee and provide a useful model for encouraging change.

Clinical Supervision Skills Module Two • Page 1 of 1
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Registered charity number 1040756 (England and Wales) SC038649 (Scotland). Registered Company number 2879150.

Appendix 15

Certificate of Accreditation

bacp

British Association for
Counselling & Psychotherapy

This is to certify that

Stephen Adams-Langley

was granted the status of

BACP Accredited Supervisor (Individuals)

on the

19 July 2006

BACP Reference Number

519550

Signed: 

BACP Head of Professional Standards

Signed: 

BACP Chair

Accredited status continues only if accompanied by a current letter
of authentication.

BACP House

15 St John's Business Park

Lutterworth LE17 4HB

t: 01455 883300

f: 01455 550243

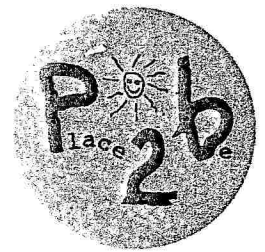
e: bacp@bacp.co.uk

w: www.bacp.co.uk

Company limited by guarantee 2175320

Registered in England & Wales.

Registered Charity 298361



12 December 2005

British Association for Counselling and Psychotherapy
Ref: Criteria 7.5 and 7.3
F H K

Re: Supervisor accreditation

Dear Sir/Madam

I am writing to confirm that Stephen Adams-Langley has been a Regional Manager at The Place2Be for eight years.

In this capacity, he has supervised the clinical work of The Place2Be School Project Managers and Hub Managers in five hubs during this period: Southwark, Brent, Enfield, Nottingham and Medway. He has been responsible for writing and implementing The Place2Be Supervision policy and contract, and has mediated in a number of complaints and disagreements between supervisor and supervisee as a Regional Manager.

In 2002, The Place2Be provided the funding for Mr Adams-Langley to train as a supervisor with Cascade Associates, and he was awarded two Diplomas in Supervision in 2004. I can attest to the fact that he has been a supervisor and provided 540 hours of clinical supervision to our staff over the last three years. Mr Adams-Langley has provided supervision training to our clinical staff on five induction trainings over the past two years, and has recently facilitated a "master class" on advanced supervision skills for The Place2Be Training Department. He provides a minimum of three hours of supervision per month to each of the Hub Managers who work in our schools, and six hours per month to new Hub Managers. He is currently Acting Hub Manager in Southwark, and is providing an additional seven hours per week of clinical supervision to School Project Managers. Clinical supervision includes counselling interventions for individual children on a short- or long-term basis, group work supervision, and The Place2Talk, which is a drop-in service for children. Mr Adams-Langley is The Place2Be Child Protection Officer, and is responsible for ensuring that we comply with the All-London Child Protection Procedures in our counselling work with children. He is frequently required to resolve ethical issues in our clinical practice with supervisees in line with the BACP ethics and guidelines.

If you require any further information, please do not hesitate to contact me.

Sincerely

Peter Wilson
Clinical Advisor
The Place2Be

David C Horne
B.A.(Hons), Dip.Coun., ADEP, UKCP(RCSPC)

Flat 3
10 Bernay's Grove
London
SW9 8DF
Tel: 020 7733 0944
dc.horne@btinternet.com

June Richardson
Accreditation Services Officer
British Association for Counselling and Psychotherapy
BACP House
35-37 Albert Street
Rugby
Warwickshire
CV21 2SG

28th February 2006

Dear June Richardson

RE: Counselling Supervisor Accreditation - Mr. Stephen Adams-Langley

I am writing to confirm that Mr. Stephen Adams-Langley has met your criteria for accreditation of providing 600 supervision sessions over the last three years. These have been for ThePlace2Be and in his Private Practice.

By providing supervision to approximately 6 supervisees each week ie. 24 supervision sessions each month, he has on an average 10 month basis completed 240 sessions annually. Therefore he has totalled 720 supervision hours over the last three years.

If you require further information, please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'D Horne', with a large, stylized 'D' at the beginning.

David C Horne
Supervisor

Criteria 7.3

7.4

F + S.

BACP Counselling Supervisor Accreditation

Witness Statement from Supervisor of Counselling Supervision

[Supplementary sheets may be added]

1. Applicant's Name: STEPHEN ADAMS - LANGLEY
2. Applicant's Membership No: 519550
3. Witness's Name: DAVID HORNE
4. Witness's Membership No: 517862
5. Membership of professional bodies: UKCP - (SPCRC) REG. NO. 00981120 -
- PROFESSIONAL MEMBER OF SPC AT REGENT'S COLLEGE -
- SOCIETY FOR EXISTENTIAL ANALYSIS -
6. Qualifications: - SOCIETY OF PSYCHOTHERAPY -
- B.A. (HONS)
- CERTIFICATE IN THE FUNDAMENTALS OF PSYCHOTHERAPY AND COUNSELLING
- DIPLOMA IN COUNSELLING
- ADVANCED DIPLOMA IN EXISTENTIAL PSYCHOTHERAPY
7. Relevant supervision qualifications
CERTIFICATE IN EXISTENTIAL SUPERVISION AND TRAINING.
8. Length of contract with applicant:
3 YEARS.
9. Which other roles or relationships (if any) do you have with this supervisee?
NONE
10. Please comment on the applicant's ability to:
 - to ensure a structured counselling supervision setting,
 - to make and maintain contact with supervisees,
 - to clarify the aims and expectations of supervision given within the supervisory relationship and with agencies providing supervision to counsellors.

STEPHEN HAS A CLEAR UNDERSTANDING OF THE PURPOSE AND NATURE OF SUPERVISION AND IS ATTUNED TO PROVIDING, AND MAINTAINING THE SETTING. HE ESTABLISHES STRONG RELATIONSHIPS WITH HIS SUPERVISEES IN ORDER TO CLOSER MEET THEIR NEEDS WHILST AT THE SAME TIME UPHOLDING PROFESSIONAL AND QUALITY CONSIDERATIONS WITH AGENCIES.



British Association for
Counselling and Psychotherapy

BACP House, 35-37 Albert Street,
Rugby, Warwickshire, CV21 2SG
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443 161
Minicom 0870 443 5162 E-mail
bacp@bacp.co.uk
www.bacp.co.uk
All calls charged at BT National

11. Does the applicant facilitate the counsellor's development, regulate the counsellor's practice through counselling supervision and support the counsellor in a way appropriate to the nature of the counselling and the experience of the counsellor? **STEPHEN HAS A BROAD KNOWLEDGE OF THEORETICAL ORIENTATIONS, SO CAN BE FLEXIBLE IN HIS APPROACH IN ORDER TO MONITOR DEVELOP AND USE THE SUPERVISORY RELATIONSHIP EFFECTIVELY WITH A DIVERSE GROUP OF SUPERVISEES. HIS SUPERVISION PROVIDES TIME TO CONSIDER THE COUNSELLOR'S PRACTICE, CLIENT'S WISHES AND TRAINING NEEDS.**
12. In what way does the applicant adhere to the keeping of boundaries and work within the Ethical Framework for Good Practice in Counselling and Psychotherapy? **STEPHEN HAS A GOOD UNDERSTANDING OF THE BACP CODE OF ETHICS AND PRACTICE AND DOES INTEGRATE THIS FRAMEWORK IN HIS SUPERVISION PRACTICE. HE ESTABLISHES AND MAINTAINS APPROPRIATE TYPES OF SUPERVISION INTERVENTION DELIVERED WITHIN GOOD STANDARDS OF PRACTICE.**
13. How does the applicant monitor for self and ensure an appropriate workload and level of work? **STEPHEN FEELS IT IS HIS DUTY TO MONITOR THE LIMITS OF HIS PROFESSIONAL COMPETENCE AND DOES SO BY BEING ACUTELY AWARE OF HIMSELF AND HOW VARIANCES IN HIS WELL-BEING MAY AFFECT HIS SUPERVISION PRACTICE. HE ALSO HAS PERSONAL THERAPY AND SUPERVISION TO KEEP THIS IN FOCUS.**
14. In what way does the applicant give time to reflect on the process part of the work? **STEPHEN FOCUSES ON THE PROCESS AS WELL AS THE CLIENT'S CONTENT BY PROMOTING REFLECTIVE PRACTICE WITH SUPERVISEE'S, IN ORDER TO EXTEND THE NARRATIVE OF SUPERVISEES EXPERIENCE IE. WHAT HAPPENED IN A SESSION.**
15. In what way does the applicant demonstrate their ability to use their authority appropriately? **STEPHEN IS PREPARED TO CHALLENGE PRACTICE WHICH HE JUDGES TO BE UNETHICAL, UNWISE OR INCOMPETENT. HE ALSO ENSURES THAT ANY FEEDBACK GIVEN IN THE PROCESS OF SUPERVISION IS CLEAR, OWNED, RELEVANT AND SPECIFIC.**
16. In your experience does the applicant practice in an anti-discriminatory way? **STEPHEN IS COMMITTED TO EQUAL OPPORTUNITIES FROM A PERSONAL AND PROFESSIONAL PERSPECTIVE. HE IS AWARE OF THE IMPACT OF DISCRIMINATION ON INDIVIDUAL AND HOW THIS AFFECTS THEIR CAPACITY AND ABILITY TO ENGAGE IN LIFE.**
17. What do you consider are the strengths and developmental needs of this applicant. **STEPHEN IS COMPETENT AND PROFESSIONAL IN ALL AREAS OF HIS PRACTICE. HE WORKS HARD TO HONOUR HIS SUPERVISEES, IS SELF-AWARE AND IS ABLE TO RECOGNISE WHEN HE MAY NEED TO SEEK SPECIALIST ADVICE. HE INTENDS TO DEVELOP HIS UNDERSTANDING AND PRACTICE OF CREATIVE SUPERVISION.**
18. Does the applicant use the time with you effectively? **STEPHEN NOTES ISSUES, CONCERNS, TOPICS THAT HE WISHES TO BRING TO ME AND APPORTIONS TIME TO COVER EACH ITEM.**

I confirm that the evidence provided to demonstrate that the criteria have been met, has been discussed in our supervision.

Signed: *D. Chelone*
K/SupaccForms/Form0903

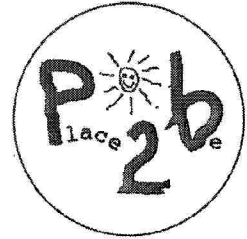
Date: 13/01/2006

Form 12e

Appendix 16

Making a lifetime of difference to children in schools

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Supervision at The Place2Be

Supervision is a working alliance between a Supervisor and a Place2Be Counsellor in which The Place2Be Counsellor can offer an account of their work, reflect upon it, receive feedback and, where appropriate, guidance. The object of this alliance is to enable The Place2Be Counsellor to gain in ethical competence, confidence, compassion and creativity, so as to be able to give the best possible emotional and therapeutic support to children referred to The Place2Be.

As far as The Place2Be Counsellors are concerned, supervision is an essential part of volunteering with The Place2Be; it may also form an essential part of training for those on a college placement with the organisation.

The aims of supervision are:

1. To maintain quality control over the counsellors work.
2. To ensure best possible practice.
3. To provide an environment where the Supervisee can learn and develop.
4. To support counsellors and celebrate their work.

The Place2Be's approach to supervision

The Place2Be School Project Managers supervise the practice of The Place2Be Counsellors assigned to work with children in schools, once a week in paired supervision.

The School Project Manager's role as a Supervisor has three main functions: **To be educative, supportive and managerial.**

The educative function:

- To provide a regular space for the Supervisee to reflect upon the content and process of the work
- To develop understanding and skills within the work
- To help relate theory to practice
- To enable the Supervisee to develop his or her approach appropriately to children at different developmental stages
- To have an opportunity to think and develop ideas

The supportive function:

- For the Supervisee to be validated as a person and as a (trainee) counsellor
- To give constructive and critical feedback

Supervision at The Place2Be (v1) • Page 1 of 3
Approved by The Quality Committee February 2009

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Registered charity number 1040756 (England and Wales) SC038649 (Scotland). Registered Company number 2879150.

- To offer a space for reflection, and to clarify The Place2Be Counsellor's emotional reactions to the work

The managerial function:

- To ensure that The Place2Be policies and procedures are being carried out, so that the School Project Manager can be accountable for the monitoring and quality of the work that The Place2Be Counsellors are undertaking

Roles and responsibilities of the Supervisee

By accepting the role of a Place2Be Counsellor, he/she commits to the following responsibilities:

- a) To attend school for the agreed days per week during term time and at agreed start/finish times.
- b) To attend supervision on the day arranged with the School Project Manager.
- c) To ensure continuity of the counselling work with the children by avoiding taking holidays during term time, except under exceptional circumstances and in consultation with the Supervisor.
- d) To arrive on time for supervision sessions.
- e) To contribute to the supervision process by keeping clear notes about his/her work and preparing and engaging in the process in ways which will enhance learning and aid development as a counsellor.
- f) To work with the Supervisor to identify his/her own learning needs and possible areas for professional development.
- g) To attend and contribute to their annual Work Review facilitated by the School Project Manager to reflect on their practise during the course of their placement and identify areas for clinical development.

Roles and responsibilities of the Supervisor

The Place2Be School Project Manager, as a Supervisor, will ensure the following:

- a) To encourage and support you in your role as a Place2Be Counsellor.
- b) To use skills, knowledge and understanding as a supervisor to help you develop your skills, knowledge and understanding as a counsellor.
- c) To provide opportunities for thoughts and feelings that arise from the work with children to be addressed.
- d) To assist in monitoring the standards and ethics of clinical practice.
- e) To work with you to reflect on and evaluate work with the children at The Place2Be.
- f) To facilitate an annual Work Review with the counsellor towards the end of their placement, to support the counsellor to reflect on their practise during the course of their placement and to identify areas for clinical development.
- g) To liaise with counsellor college tutor/director where appropriate to support the safety and quality of the work with the child.

The supervision process

In the supervision process, written notes, role-play, discussion and techniques such as visualisation, use of play materials and artwork are sometimes used in order to explore the work.

Your Supervisor will be open to the ways that are chosen to present work as well as making suggestions on how this may be done differently.

The Place2Be formal supervision record must be kept in a secure (locked) filing cabinet. Separate session process notes are the property of The Place2Be Counsellor, and are the responsibility of the counsellor to keep safe. The child should not be named on these notes to protect confidentiality of the child. Copies of any notes taken to meet course requirements must be agreed with your Supervisor in advance.

Supervision meetings are shared with another Place2Be Counsellor working in the school on the same day. This position will be reviewed regularly and it may be necessary from time to time to arrange individual supervision to ensure the efficacy of the work and the individual professional development of the counsellor. Should this be necessary, this will be discussed with you before making a final decision. If you feel a need for this, you should discuss it with your Supervisor.

The Supervisor will conduct regular reviews of the work undertaken during the year, ending with a final review at the end of the placement with The Place2Be.

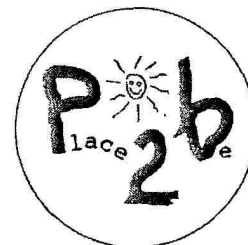
Supervision sessions are only cancelled in cases of a real emergency or illness. If this becomes necessary, we will arrange another meeting as close as possible to the original time, so that The Place2Be Counsellor can meet the required number of supervised hours for the clinical workload and to ensure the safety of the work.

If you are on placement from an external course, The Place2Be is willing to make contact with your Course Tutor at the beginning of the school year to ensure that your clinical supervisor has a sound understanding of the placement. If requested by the training institution, we can provide an end-of-placement report. We do ask for a minimum of four weeks' notice for this to ensure appropriate time for preparation. If your college requires additional reports throughout the year, you should clarify this with your tutor and inform the School Project Manager at the start of your placement.

Should any aspect of a Place2Be Counsellor's work give cause for concern, the School Project Manager/Supervisor will discuss it with The Place2Be Counsellor. This discussion will seek to resolve the matter and agree together what appropriate action to take. If there are serious concerns about a Place2Be Counsellor's work with regard to the emotional safety of the child or The Place2Be Counsellor, the School Project Manager reserves the right to discuss this with their own Supervisor (Hub Manager) and to contact the training institution if the situation remains unresolved. If The Place2Be Counsellor is dissatisfied with supervision received this should be raised with the Hub Manager.

Information disclosed during supervision will remain confidential (apart from Child Protection issues which require special action). School Project Managers/Supervisors do however reserve the right to discuss individual casework with their own Supervisor, within the boundaries of the supervisory relationship.

Appendix 17



Supervision contract

Supervision is a working alliance between a Supervisor and a Place2Be Counsellor in which The Place2Be Counsellor can offer an account of her work, reflect upon it, receive feedback and, where appropriate, guidance. The object of this alliance is to enable The Place2Be Counsellor to gain in ethical competence, confidence, compassion and creativity, so as to be able to give the best possible emotional and therapeutic support to children referred to The Place2Be.

The Supervision Contract between the Supervisor (School Project Manager), and the Supervisee (The Place2Be Counsellor).

School:	
Supervisee:	(The Place2Be Counsellor)
Supervisor:	(School Project Manager)

To enable us to work together, it is important that we have a shared understanding of our joint roles and responsibilities.

I have set out the terms that I am able to offer you as a Place2Be Counsellor on placement with The Place2Be. Please read this carefully and we will discuss the individual points when meeting to agree our negotiated contract, which will form the basis of our working alliance.

Your signature on this contract will be accepted as your commitment to these terms.

The roles and responsibilities of the Supervisee (The Place2Be Counsellor)

As a Place2Be Counsellor on placement with The Place2Be you are agreeing to the following:

- (a) Attend school for one day a week, term time only.
- (b) Attend supervision on the day you are in school.
- (c) Ensure continuity of the counselling work with the children by avoiding taking holidays during term time except under exceptional circumstances and in consultation with your Supervisor.
- (d) Arrive on time for your supervision sessions.
- (e) Contribute to the supervision process by keeping clear notes about your work and preparing and engaging in the process in ways, which will enhance your learning and aid your development as a counsellor.
- (f) Complete a casework summary on each child on completion of the work, following discussion and consultation with your Supervisor.

reserve the right to discuss this with my own supervisor and contract the training institution if the situation is unresolved.

I shall respect information disclosed to me as confidential, (apart from child protection issues which require special action), but reserve the right to discuss individual casework with my Supervisor, within the boundaries of our supervisory relationship.

Under all other circumstances, we agree that we will work together for the period of:

From

To:

Signed:

(The Place2Be Counsellor)

Signed:

(School Project Manager)

Date:



Supervision notes

Name of School Project Manager:	Date of supervision:
Name of The Place2Be Counsellor:	

Themes of sessions

Media/materials used

Supervision comments (learning outcomes and recommendations)

Child Protection concerns?	YES	NO
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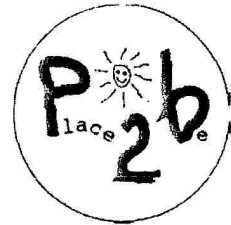
Appendix 18



ASPM Development Day 14 September 2005

Facilitators: Stephen Adams-Langley and Angela Kleeman

- 10 am** Coffee and Registration
- 10.30 am** Introduction to the day, contracts and outcomes for the day
- 10.45 am** ASPM Job Description and termly outcomes for terms 1, 2 and 3
- 11.45 am** Coffee
- 12.00 pm** Exercise in pairs (Strength I bring to the post as ASPM and Challenges: Personal and Professional)
- 12.45 pm** Lunch
- 1.30 pm** Being an ASPM In Practice (Shared Learning, Interaction with your SPM, Supervision and Contracting, End of Term Reviews, Training, Beyond the ASPM Role, Line Management of ASPMs)
- 3.00 pm** Hopes and Fears exercise
- 3.30 pm** Child Protection
- 4.15 pm** Review of outcomes and evaluation
- 4.45 pm** Close



Assistant School Project Manager

Introduction

The Place2Be (P2B) enables therapeutic and emotional support to be provided to children in schools based on a practical model backed up by research. The Assistant School Project Manager post is a training opportunity designed to develop management and clinical skills and confidence.

- It is designed to enable Assistant School Project Managers to develop the relevant skills and knowledge required to play a key role in delivering the P2B mission to enable therapeutic and emotional support to be provided to children in schools.

1. Main duties and responsibilities

- To assist the SPM with the running of the Place2Talk and group work.
- To assist the SPM with working with children 1 – 1 on a short-term basis.
- To participate in and maintain good working relationships with the Head and staff in the school.
- To attend Hub SL once per term to understand value and potential of SL.

2. Clinical Work

- To understand and implement P2B referral and assessment procedures.
- To assess and allocate children to a P2B counsellor or other intervention.
- To work closely with parents in the delivery of the service to the children.
- To meet and work with SENCO's and teachers as requested.
- To attend multi – disciplinary meetings as required.

3. Service Management

- To participate and contribute in volunteer recruitment and training programmes when requested.
- To become familiar with P2B allocation of resources (human and financial) and interventions across the service.

- To gain skills and competence in managing a team of Volunteer Counsellors.
- To gain experience and participate in issues involved in clinical and management supervision of P2B team.
- To become familiar with P2B recording and evaluation systems.
- To maintain records in keeping with the P2B's Quality Assurance Policy.
- To demonstrate an understanding of the collection of confidential information in an organisation.
- To manage and keep accurate records of P2B's resources at the school.
- To understand and be able to implement P2B and school CP Policy.

4. General

- To understand and implement P2B Equal Opportunities Policy. To maintain good ethical practice in all areas of P2B service.

Flexibility

This description is a general outline of the duties and responsibilities and may be amended as the training develops. The post holder may be required to undertake other duties as may reasonably be required from time to time.

PERSON SPECIFICATION ASSISTANT SCHOOL PROJECT MANAGER

The person specification outlines the main criteria for the post and shortlisting will be based on the following criteria. Please ensure that your supporting statement clearly shows how you meet the criteria using experience gained either in paid or voluntary work.

CRITERIA	Essential	Desirable	Application (A) Interview (I)
A recognised qualification in counselling or therapy.	✓		A
Accredited qualification in counselling or therapy		✓	A
At least one year post qualification experience as a practising therapist or counsellor.	✓		A
At least 3 terms experience as a P2B volunteer	✓		A
An understanding of working with children who require or would benefit from emotional and therapeutic support.	✓		A
Ability to demonstrate an understanding of the various therapeutic disciplines	✓		A
Excellent interpersonal skills with the ability to confidently build and maintain relationships with external bodies.	✓		I
Experience of the school environment and the ability to analyse situations and systems within schools.	✓		A
Excellent communication skills, with the ability to communicate with people from diverse backgrounds using appropriate language and media	✓		A
Flexible team player, with an ability to work under pressure and prioritise workload	✓		A
PC Literate and self servicing	✓		A
An understanding and awareness of the P2B's equal opportunities policy	✓		A
Ability to demonstrate an understanding and commitment to anti – discriminatory practice in service delivery	✓		A & I

Enabling therapeutic and emotional support to children in schools

The Place2Be, Wapping Telephone Exchange, Royal Mint Street, London E1 8LQ
Tel: 020 7780 6189 Fax: 020 7481 1894 www.theplace2be.org.uk



Assistant School Project Manager – Terms and Conditions

Below is a general outline of the Terms and Conditions for this post. Full terms and conditions will be included with our offer of employment.

Type of Appointment

Fixed Term Contract for one academic year.

Probationary Period

3 month probationary period with a formal appraisal in the third month

Salary

£12,220 per annum (Pro-rata for part-time posts)

Hours of Work

Part Time: 18 hours per week, worked between 8:30am and 5:30pm

Annual Leave

25 days, plus 8 bank/public holidays per annum pro rata.

Pension

Eligible to join P2B pension scheme after three full months of service.

Asylum and Immigration Act 1996 – section 8

From the 1 May 2004, under the Asylum and Immigration Act 1996 you will be required to prove your eligibility to work within the UK. Further details will be provided to shortlisted candidates.

Patrons: Dame Margaret Booth
And Lord Herman Ouseley
Chairman: Michael Fowle CBE
Director: Beata Nelson

A charitable company limited by guarantee and registered in England
Registered Charity No. 1040758 Registered Company No. 2676150
Registered Office as above.

Appendix 19



Recommended reading for staff and volunteers

Section 1 – Reading recommended by the Quality Committee (Mar 05)

Atkinson, M & Hornby, G (2002). *Mental Health Handbook for Schools*. London: Routledge.

Axline, V (1990). *Dibs*. London: Penguin Books.

Cattanach, A (1997). *Children's Stories In Play Therapy*. London: Jessica Kingsley.

Cooper, P, Smith, C J & Upton, G (1994). *Emotional & Behavioural Difficulties: Theory to Practice*. London: Routledge.

Freud, A (1965). *Normality and Pathology in Childhood*. New York: International Universities Press.

Greenhalgh, P (1994). *Emotional Growth and Learning*. London: Routledge.

Hanko, G (1999). *Increasing Competence Through Collaborative Problem Solving Using Insight into Social And Emotional Factors in Children's Learning*. London: David Fulton Publishers.

Lanyado, M & Horne, A (1999). *Handbook of Child and Adolescent Psychotherapy: Psychoanalytic approaches*. London: Routledge.

Weare, K (2000). *Promoting Mental, Emotional And Social Health: A Whole School Approach*. London: Routledge.

Winnicott, D W (1982). *Playing and Reality*. Harmondsworth: Penguin Books.

Wilson, P (2003). *Young Minds in our Schools*. London: Young Minds Publication.

Section 2 – further recommended reading

Bettleheim, B (2001). *The Uses of Enchantment*. London: Penguin Books.

Bond, T (2000). *Standards and Ethics for Counselling in Action*. London: Sage Publications.

Bowlby, J (1988). *Secure Base: Clinical Applications of Attachment Theory*. London: Routledge.

Bronfenbrenner, U (1979). *The Ecology of Human Development*. London: Harvard University Press.

Cattanach, A (1994). *Play Therapy: Where the Sky Meets the Underworld*. London: Jessica Kingsley Publications.

- Daniels, D & Jenkins, P (2000). *Therapy with Children*. London: Sage Publications.
- Dwiveldi, K N (Ed) (1993). *Group Work with Children and Adolescents: A Handbook*. London: Jessica Kingsley Publications.
- Dryden, W (Ed) (1990). *Individual Therapy*. Milton Keynes: Open University Press.
- Dunn, J (1988). *The Beginnings of Social Understanding*. Oxford: Blackwell.
- Durlak, J A (1985). *School-Based Prevention Programs for Children and Adolescents*. Thousand Oaks: Sage Publications.
- Feltham, C (1999). *Understanding the Counselling Relationship*. London: Sage Publications.
- Freud, S (2003). *Introductory Lectures in Psychoanalysis: Volumes 1 & 2*. London: Penguin Books.
- Garmezy, N & Rutter, M (Eds) (1983). *Stress, Coping and Development in Children*. Baltimore: The Johns Hopkins University Press.
- Garvey, C (1977). *Play*. Fontana: Open Books.
- Geldard, K N & Geldard, D (1997). *Counselling Children: A Practical Introduction*. London: Sage Publications.
- Green, M (1994). *Group Therapy in Schools, Education Therapy and Therapeutic Teaching*. Issue 3, pp 33-44.
- Hobay, A & Ollier, K (1988). *Creative Therapy: Activities with Children and Adolescents*. Leicester: BPS Books.
- Jones, T (1983). *Fairy Tales*. London: Penguin Books.
- Laing, R D & Esterson, A (1964). *Sanity, Madness and the Family*. London: Penguin Books.
- Meadows, S (1992). *Understanding Child Development*. London: Routledge.
- Milner, P & Carolin, B (1999). *Time to Listen to Children*. London and New York: Routledge.
- Rogers, C (1994). *Freedom to Learn (with H Jerome Freiberg) 3rd edition*. New Jersey: Prentice Hall Inc.
- Sharp, S & Cowie, H (1998). *Counselling and Supporting Children in Distress*. London: Sage Publications.
- Sinason, V (1992). *Mental Handicap and the Human Condition*. London: Free Association Books.
- Warner, M (1994). *Managing Monsters*. London: Vintage Press.

Appendix 20



Tuesday 12 December 2007

Stephen Adams-Langley
The Place2Be
Wapping Telephone Exchange
Royal Mint Street
London
E1 8LQ

Deutsche Bank AG London
Winchester House
1 Great Winchester Street
London EC2N 2DB
Tel +44 20 7545 8000

Direct Line: 020 7547 6092
Direct Fax: 0113 336 1890
Email: kerry.ortuzar@db.com

Dear Stephen

I am delighted to be able to confirm that the Charities Committee reviewed your proposal for Deutsche Bank to continue to fund your "Helping Young People face the Challenge - Transition to Secondary School" initiative and was very supportive. They have therefore agreed to a maximum donation of £48,638 for the continuation of project in year two of a three year partnership (see below for more information).

Please note that as with all partnerships the Bank asks that you re-submit a proposal for funding each year of the partnership period. It is important that you should note that this support resulted from favourable review of your current programme within the framework of Deutsche Bank's Charities Committee's funding criteria. It should not be viewed as also implying future funding as, to ensure fairness to all applicants; it is our policy to evaluate each request on its own merit without regard to prior support of an organisation.

Specific comments made by the Committee members regarding your proposal are outlined below:

- This agreement is in advance of the completion of the 18 month pilot which is due to finish in July 2008. This approval is therefore for the partnership period July 2008 – June 2009.
- As a consequence of the above funds will be released in June 2008 to cover the new partnership period.
- We would like to continue with the quarterly update meetings as per the past year.
- The final amount we will donate will depend on the contribution from Geoffrey Chaucer School. We would like to see a similar financial contribution of approx. £5,000 as per 2007 which would reduce the final donation from Deutsche Bank accordingly.

Payment

Deutsche Bank is now asking partners to supply copies of their financial reports for our records. We would greatly appreciate it if you would send a copy to me alongside your invoice for (amount tbc) by the 15 June 2007 at the latest.

In addition I am aware that we offered a donation of £10,000 to support the costs of the Portakabin at the School. This was approved in September 2007. **We have still not received an invoice for this amount - this must be submitted to me by the 21st December 2007 or sooner otherwise we will not be able to guarantee the accrual of the donation into 2008. If it could be posted and faxed (0113 336 1890) to me I would be grateful.**

To make our financial processes as efficient as possible, Deutsche Bank is paying all community partners via BACS transfer. Therefore, your invoice should be addressed to me, on headed paper, clearly stating your bank details. Once I have received this, payment should be made within three weeks. **To avoid delay in payment please ensure that the invoice contains all the above information.**

Further actions

Once you have received payment from us I would be grateful if you could provide written receipt.

Reporting

We ask all of our community partners to provide the Bank with an interim and year end report. These will be due in June 2008 and February 2009 (to justify and propose continuation into year 3).

You may wish to consider monitoring and collecting the following information at the beginning of your project to ease the process:

- Project details including what actually happened, aims and objectives met etc
- Number of people to benefit from the project
- Outputs (ie, facts, figures - as outlined in your proposal)
- Impact and benefits for the community, for the target audience, for your organization and for Deutsche Bank
- Qualitative information
- Any press/media coverage (please include copies)
- Any quotes/feedback received
- Any results from external/other evaluations that may have taken place
- Any funding leveraged as a direct result of the Bank's support
- Any in-kind gifts/support received by the Bank
- Number of volunteers involved (incl. number of hours volunteering with you broken down into in and out of working hours)

We may also contact you from time to time requesting further information to help us promote the Bank's commitment to community involvement.

Finally, I would like to take this opportunity to say how delighted I am that we will be working together for a further year. Should you have any questions, queries or requests over the coming months please do not hesitate to contact either myself or Kate. I look forward to speaking to you soon, until then,

Best wishes

Kerry Ortuzar
Community Development Manager

Deutsche Bank Reporting and Evaluation Form

Please ensure you complete all questions in the six sections

If a question is not relevant to your project please explain why in the space provided

SECTION ONE – About your organisation	
Name of organisation	The Place2Be
Name of contact person	Stephens Adams-Langley
Contact details:	
Address	13/14 Angel Gate 326 City Road London EC1V 2PT
Telephone	020 7923 5500
Mobile:	07958 952 620
Fax	020 7833 8083
Email	stephen.adams-langley@theplace2be.org.uk

SECTION TWO – About the project	
Name of project Helping young people face the challenge of transition to secondary school	
Reporting period for this evaluation - from <u>July 2008</u> to <u>July 2009</u>	
Was the project completely funded by Deutsche Bank? If no , please list other funders and the amount they have contributed (in percentages) each funder has provided.	
NO. Geoffrey Chaucer Technology College – contribution: £12,995	
In which London Boroughs did the project take place?	
<input type="checkbox"/> Barking <input type="checkbox"/> Camden <input type="checkbox"/> Greenwich <input type="checkbox"/> Havering <input type="checkbox"/> Kensington & Chelsea <input type="checkbox"/> Lewisham <input type="checkbox"/> Richmond <input type="checkbox"/> Waltham Forest <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Barnet <input type="checkbox"/> City <input type="checkbox"/> Hackney <input type="checkbox"/> Hillingdon <input type="checkbox"/> Merton <input checked="" type="checkbox"/> Southwark <input type="checkbox"/> Wandsworth
<input type="checkbox"/> Bexley <input type="checkbox"/> Croyden <input type="checkbox"/> Hammersmith <input type="checkbox"/> Hounslow <input type="checkbox"/> Kingston <input type="checkbox"/> Newham <input type="checkbox"/> Sutton <input type="checkbox"/> Westminster	<input type="checkbox"/> Brent <input type="checkbox"/> Ealing <input type="checkbox"/> Haringey <input type="checkbox"/> Islington <input type="checkbox"/> Lambeth <input type="checkbox"/> Redbridge <input type="checkbox"/> Tower Hamlets
Please indicate the age range of the main beneficiaries of the project	
<input checked="" type="checkbox"/> 11 – 18 <input type="checkbox"/> 19 – 30 <input type="checkbox"/> 31 – 50 <input type="checkbox"/> 50+	
Please provide a description of the project including what happens, where and when	
A project to support vulnerable young people to make the transition from primary to secondary	

school based in Geoffrey Chaucer School/Globe Academy (renamed Sept 2008) from January 2007.

What are the aims and objectives of the project?

- To develop, pilot and evaluate a model to support young people to make the transition from primary to secondary school
- To identify vulnerable young people and provide a model of therapeutic support to young people in Years 7 & 8 to build resilience and provide emotional well being and academic achievement.
- To engage with and support school staff and to promote joined-up thinking about the emotional needs of young adolescents.
- To engage with parents in supporting the emotional well-being of their teenage children.

Please indicate what you believe the aims and objectives for Deutsche Bank were for funding this project

- To support therapeutic programmes for disadvantaged and vulnerable young people who are at risk of low academic achievement and risk factors related to school referral/absence and exclusion.

What will be/was the benefit to the community as a result of the partnership?

Improve attendance at Geoffrey Chaucer School:

- address school refusal, absence and exclusions of vulnerable young people
- support resilience in young people.
- Help parents develop a greater understanding of and become more engaged in the issues affecting their children during transition
- Increase skills and understanding of school staff within and outside the school environment

Did you encounter any problems or unexpected issues during the course of the project? If so, how did you overcome them? This information is useful to us when assessing the issues that our partners face – any information you give will not be used to your detriment.

There have been several significant changes both in the infrastructure and in the management of the school over the last year. It changed hands from the local authority to the ARK Academy in September 2008. The Head teachers we had initiated contact with, and who had invited us in, left at that time. Subsequently, the Head who replaced them left after one term in post and he was replaced in January 2009. Contact with new leadership and senior management in the school has proved difficult, due to role-allocations, redundancies and some short-notice departures and we understand they are facing financial difficulties

SECTION THREE – financial and in-kind support

Financial support from Deutsche Bank

Cash support	£48,638
Total VAT added	n/a

Please provide a breakdown of how the funding provided by Deutsche Bank was actually spent

highlighting, where appropriate, areas where predicted expenditure was different to actual expenditure (please use the budget provided in your proposal)

Expenditure	£ budgeted cost	£ actual cost
	£48,638	As budgeted
Funding directly leveraged as a result of Deutsche Bank funding (i.e., where you can show that Deutsche Bank's support had a direct influence on being awarded additional funds).		£12,995 from The Globe/ Geoffrey Chaucer
Funding indirectly leveraged as a result of Deutsche Bank funding (i.e., where you believe that Deutsche Bank's support had an influence on being awarded additional funds).		Funding from Esmee Fairbairn for future transition work - £102,000 over two years
In kind support from Deutsche Bank		
1) Use of any conference facilities		n/a
2) Printing of any materials		n/a
3) Receipt of items i.e., furniture, stationery, other gifts etc		n/a
Volunteers from Deutsche Bank		
<p>Please provide names of volunteers here (if more than 5 employees have volunteered for you please attach a list of names) for our records.</p> <p>Independent of the transition project, a group of Deutsche Bank MBA volunteers came into The Place2Be's offices in the summer of 2008 to develop a Business Case for 'Counsellors@ThePlace2Be'. This was extremely successful, useful and very well received within the organisation.</p>		
Total number of volunteers from Deutsche Bank		5
<p>Total number of hours volunteering (please break down as indicated below):</p> <p>- in work hours (9.00 – 5.00pm)</p> <p>- out of work hours</p>		<p>Please list in total number of hours</p> <p>160</p> <p>---</p>

SECTION FOUR – outputs/outcomes

Please list your targets as outlined in your proposal to Deutsche Bank

- Set up of Place2Be model of work – drop in Place2Talk and one-to-one support.
- Assessment and referral of vulnerable young people.
- Development and delivery of training of The Place2Be School Project Managers.

How many people have DIRECTLY benefited from this project?

From The Place2Be delivery at Globe to years 7 and 8:

At The Place2Talk (drop-in, self referral service) an average of 87 different children were seen each term (actual total 261).

In one-to-one work and assessment: 24

Children in Transition groups facilitated by the Transition Project Manager and Place2Be School Project Manager in primary schools: 78

How many people have indirectly benefited from this project?

Training to School Project Managers has been rolled out across the organisation.

In the last year, four Transition Work trainings have taken place, attended by 60 staff.

How many events have been held in relation to this project (NOT workshops)?

A. 3 Transition Strategy meetings – held termly and attended by representatives from schools with Transition projects, Hub Managers, The Place2Be SMT, Professional Advisor, Training Department, Research and Evaluation Team.

B. Half-termly Shared Learning meetings for Transition Project Managers for peer and management support and to help develop models of good practice.

How many people attended these events?

A. 15

B. 4

If appropriate, how many schools have you worked with through this project?

Globe Academy and the feeder primary schools – total 9

How many of these schools were Deutsche Bank schools (please list school names)?

n/a

How many workshops have been run?

A. Transition group workshops have been run termly

B. One Transition Development training day was held

How many people participated during these workshops?

A. 12

B. 8

If you have not achieved your targets and predicted outcomes (as provided in your proposal) please explain why.

n/a

What will the long-term impact/benefit be of this project?

Children entering the school in year 7 have the immediate benefit of emotional support over the difficult time of transition. In the long-term, support of this kind addresses issues before they

become entrenched, as can happen in later adolescence.

Young adolescents will be equipped with skills in self-awareness, problem-solving and negotiation skills and will therefore be more emotionally resilient.

Students have an experience of accessing a non-stigmatising mental health service that meets their needs and are more likely to seek support in the future.

The Place2Be has introduced a model of information-sharing and joined-up thinking between school staff and pastoral support, emphasising the centrality of this in supporting the emotional well-being of young people.

Engagement of parents with the project and with their children's emotional needs and development is integral to our work. For the families with whom we have worked, there is a lasting benefit in terms of increased and more effective communication, as well as a better understanding of family dynamics.

How have you measured this impact?

Goodman's SDQs are administered at the start and end of each individual intervention.

An evaluation of The Place2Talk was undertaken in 2008.

Pupils' on-line survey and feedback (attached)

Did you use an external evaluator during the course of this project? If yes, please provide contact details (if an evaluation report was produced please attach it to this document)

n/a

Will the project be replicated – if so where and how?

This has already happened in our Harlow Hub, which now has two Transition projects. We are looking towards developing a project in another Southwark secondary Academy in the 2009-10 academic year. Our Strategic Business Plan aims to develop transition projects in 6 secondary schools in 2009/10; 9 in 2010/11 and 10 in 2011/12 with training provision for 100 volunteers and 800 members of school staff.

SECTION FIVE – Qualitative information

Please provide three quotes about the project/the Bank's support. One should be from a senior member of the organisations team, one from a member of the team running the project and one from a participant of the project.

SMT Quote: 'Place2Be is an integral part of our student support services at Year 7. Many students simply need a place where they can talk and get good advice to help them with problems in life, at home or at school, and find it difficult or impossible to talk to parents and teachers about these things. Place2Be offers this service..'

Stephen Stanecki, Head of Year 7, Globe Academy

Project Leader Quote: One of the most striking features of our Transition project is the way in which the young people use the service. In just one term, over 200 appointments were made to the drop-in service...These are the adolescents who are often disaffected and disengaged elsewhere in their lives.' Sarah Kendrick, Hub Manager, The Place2Be, Southwark

Participant Quote:

"The Place2talk in year 7 is really different. It's much better.. It feels more serious and like I can talk about more serious things and I can talk about things that are happening to me. In primary it was about silly things like always falling out with my friends. Now it's more grown up stuff". A year 7 female student who had The Place2Be in their Primary school and now at The Globe Academy.

"Place2Be is great, it helps me to talk about my feelings that I have never told, it makes me feel safe and it makes me feel happy" Tasmiah, year 7 student

"It's good to trust The Place2Be because you can let your emotions out. It's a good place to come and go" Jay, year 8

"You feel safe and it's good to come here, you can let your secrets out". Scott, year 8

"It keeps me in lessons sometimes" J, year 8

"Place2Be changed my life because Andrya keeps people's secrets and sometimes sorts them out". Minhazur year 7

Other qualitative information (please include here any further information you feel is important i.e., stories, other feedback)

By the Transition Project Manager:

In the summer term, Year 7 went through a difficult experience. For a number of years there have been difficulties and issues between students from our school and a neighbouring school. These difficulties have caused much tension over the years and have at times left young people harmed either physically or emotionally. On one particular day during this term, a group of students from each school decided to confront each other after school. As a result a young person from our school and from year 7 was hurt in a traffic accident which resulted in him being rushed to hospital. Because this happened at the end of the day, many of the students had witnessed the incident.

An assembly was called the next day to discuss the seriousness of what had happened. During the day a huge number of students were requesting to come and talk to The Place2Be about how they felt, many distressed and afraid of what they had seen.

After the regular lunch time Place2Talk, I held a special one hour Place2Talk session in which I asked students to come and sign up for. I had 26 students come and together we discussed what happened and how it had affected them. During this time the students asked if we could think of ways of resolving the tension and rivalry between the two schools. Together they came up with different ideas which could help form a positive relationship between the students in the two schools. The list was handed in to the Head of Year 7. The list was taken seriously and now discussions are being held on how to manifest some of these ideas the Globe students came up with in order to improve the relationship between the two schools so no such incidents occur again.

SECTION SIX – Other information

Deutsche Bank Benchmarking Form

What is the London Benchmarking Group?

Deutsche Bank is a member of the London Benchmarking Group (LBG). The LBG is a group of over 100 companies working together to measure Corporate Community Investment (CCI). It is a member-driven organisation where companies have been working collectively since 1994 to continue development of a global measurement standard, benchmark and share best practice and develop and refine measurement tools. The model is used by hundreds of leading businesses around the world and members include multinationals such as HSBC, Vodafone and Unilever, as well as major UK companies such as Marks and Spencer and BSkyB.

What will the information submitted be used for?

The form below reflects the information required by us and the other member companies to submit each year to compare how we operate in the community against each other. Deutsche Bank also uses the information below in our annual community reports for the UK and Globally. No individual community organisation will be highlighted (unless you opt in for the case study section at the bottom of this form which will be available for all member companies to read).

How to fill in this form.

There are five sections (the fifth is optional) and the majority is number based so should be relatively straight-forward to complete. We do appreciate that a number of our partners will have submitted end of year reports to us already. If this is the case please feel free to extract the relevant information from your report to complete this document. However if you do this please check the reporting period of your last evaluation to ensure it covers the reporting period for this document accurately.

Finally, we ask that you provide information that is as accurate as possible and where only estimates are available we ask that you under-estimate rather than over-estimate.

We appreciate your help and cooperation in completing and returning this document to us.

SECTION ONE – About your organisation	
Name of organisation	The Place2Be
Name of primary contact person	Stephen Adams-Langley
Contact details:	
Address	13/14 Angel Gate, 326 City Road, London EC1V 2PT
Telephone	020 7923 5500
Fax	020 7833 8083
Email	stephen.adams-langley@theplace2be.org.uk
SECTION TWO – About the project	
Name of project	Helping young people face the challenge of transition to secondary school
Reporting period for this evaluation – January 2007 to December 2007	
Was the project completely funded by Deutsche Bank? If no, please list other funders and the amount they have contributed (in percentages) each funder has provided.	
NO	Geoffrey Chaucer Technology College – contribution: £12,895 6805

In which London Boroughs did the project take place?

- | | | | | |
|---|---|--------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Barking | <input type="checkbox"/> Barnet | <input type="checkbox"/> Bexley | <input type="checkbox"/> Brent | <input type="checkbox"/> Bromley |
| <input type="checkbox"/> Camden | <input type="checkbox"/> City | <input type="checkbox"/> Croyden | <input type="checkbox"/> Ealing | <input type="checkbox"/> Enfield |
| <input type="checkbox"/> Greenwich | <input type="checkbox"/> Hackney | <input type="checkbox"/> Hammersmith | <input type="checkbox"/> Haringey | <input type="checkbox"/> Harrow |
| <input type="checkbox"/> Havering | <input type="checkbox"/> Hillingdon | <input type="checkbox"/> Hounslow | <input type="checkbox"/> Islington | |
| <input type="checkbox"/> Kensington & Chelsea | | <input type="checkbox"/> Kingston | <input type="checkbox"/> Lambeth | |
| <input type="checkbox"/> Lewisham | <input type="checkbox"/> Merton | <input type="checkbox"/> Newham | <input type="checkbox"/> Redbridge | |
| <input type="checkbox"/> Richmond | <input checked="" type="checkbox"/> Southwark | <input type="checkbox"/> Sutton | <input type="checkbox"/> Tower Hamlets | |
| <input type="checkbox"/> Waltham Forest | <input type="checkbox"/> Wandsworth | <input type="checkbox"/> Westminster | | |

☐ Other (please specify)

Please indicate the age range of the main beneficiaries of the project

☒ 11 – 18 ☐ 19 – 30 ☐ 31 – 50 ☐ 50+

If your project involves the support of other smaller organisations then please state the number of organisations you work with.

SECTION THREE – financial and in-kind support

Financial support from Deutsche Bank

Cash support	£65,256 48942
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Total VAT added	n/a
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Funding <u>directly</u> leveraged as a result of Deutsche Bank funding (ie, where you can show that Deutsche Bank's support had a direct influence on being awarded additional funds).	£9,073 6805
--	-------------

Funding <u>indirectly</u> leveraged as a result of Deutsche Bank funding (ie, where you believe that Deutsche Bank's support had an influence on being awarded additional funds).	nil
---	-----

In kind support from Deutsche Bank

1) Use of any conference facilities	n/a
-------------------------------------	-----

2) Printing of any materials	n/a
------------------------------	-----

3) Receipt of items ie, furniture, stationery, other gifts etc	n/a
--	-----

Volunteers from Deutsche Bank

Please provide names of volunteers here (if more than 5 employees have volunteered for you please attach a list of names) for our records.

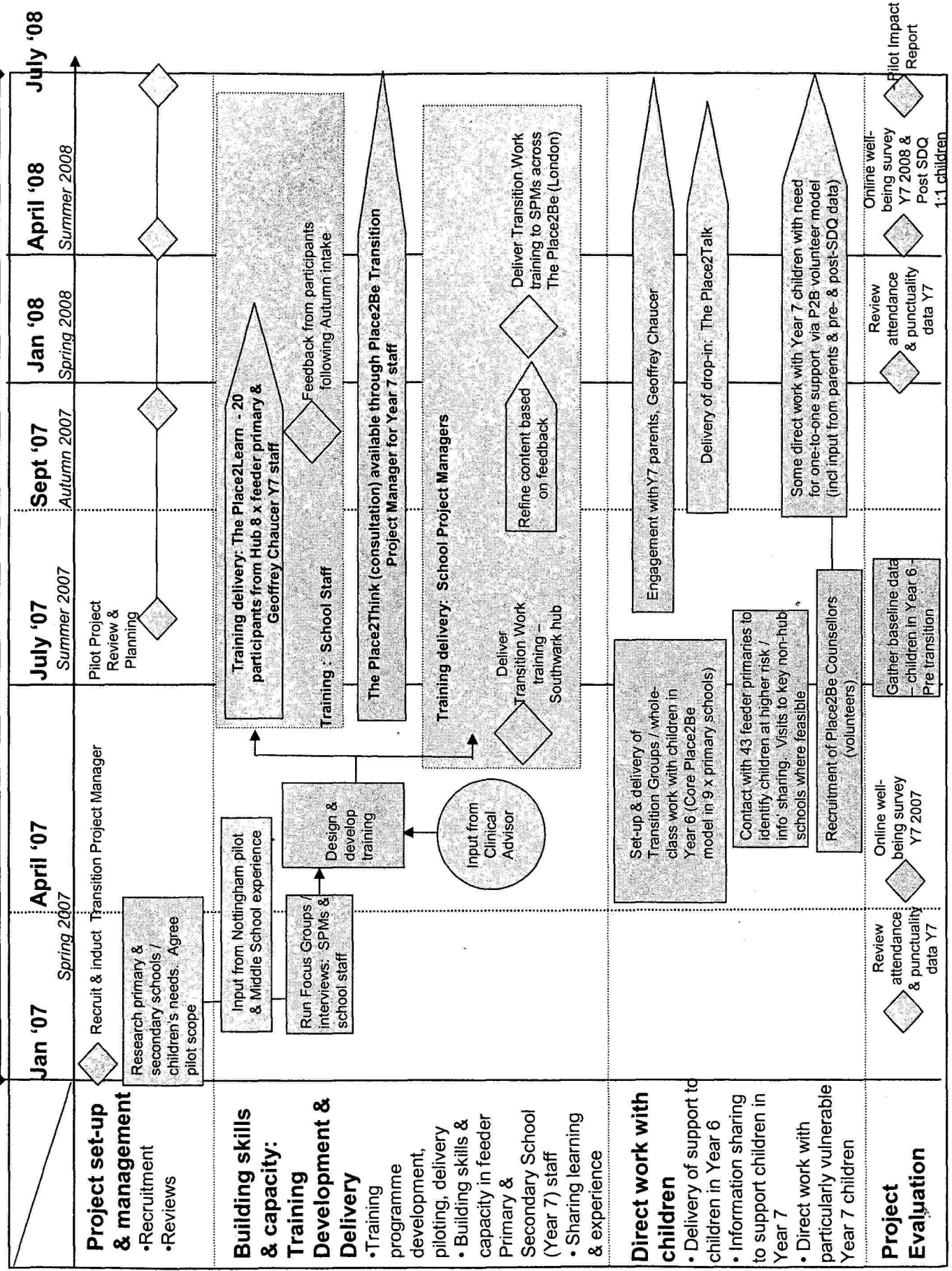
n/a

Total number of volunteers from Deutsche Bank	n/a
---	-----

<p>Total number of hours volunteering (please break down as indicated below):</p> <p>n/a</p> <p>- in work hours (9.00 – 5.00pm)</p> <p>- out of work hours</p>	<p>Please list in total number of hours</p>
--	--

SECTION FOUR – outputs/outcomes	
<p>How many people have DIRECTLY benefited from this project?</p> <p>Nine School Project Managers and Southwark Hub Manager</p> <p>Whole class work in Southwark schools x8 x30 = 245 children</p>	255
<p>How many people have INDIRECTLY benefited from this project?</p> <p>Staff team at Geoffrey Chaucer x20 teachers</p> <p>School communities in eight schools</p>	
<p>Of the total individual beneficiaries, please estimate how many:</p>	
Received information or one-off support through your community programme (low impact)	
Were actively engaged in/by your community programme (medium impact)	
Experienced a sustained change in behaviour/circumstances as a result of your community programme (high impact)	
<p>SECTION FIVE – case study. Please note that this section is optional. If you would like your project to be featured as a case study then please complete this section otherwise please leave it blank.</p> <p>Brief description of activity.</p> <p>Why is the activity done?</p> <p>Benefits to the community.</p> <p>Business benefits.</p> <p>Longer-term impacts of the activity, to both the community and the company.</p>	

Pilot Workplan : January 2007 – July 2008



Appendix 21

Dear Head Teachers

A Place for Parents, our specialist counselling service for parents whose children are attending The Place2Be individual work, has been delivered to schools in the hub now since September 2007. For the period from November 2009 to April 2010 we had to suspend the service as there was no immediate funding to resume the work and to ensure the sustainability of the service. Since then, and as discussed at the steering group on Friday 26th February we have secured funding to resume the service (to deliver to 5 schools across 3 days) for the coming financial year. Part of this funding is secured through Southwark Children's Services Commissioning Unit to deliver 2 Incredible Years Parenting Programmes through the course of the year to which we hope all schools in the hub will make referrals. The remainder will be funded through our corporate sponsor Credit Suisse.

A Place for Parents provides specialist counselling principally to parents of children who attend individual The Place2Be sessions. Parents are referred through the School Project Manager/Transition Project Manager often in liaison with key school staff. There is little stigma concerning referral to the service. School-based Managers build close working relationships with the parent around the work with the child. Parents therefore are often already familiar with the service. They are usually seen by the Parent Worker in the school of their child, and in the region of 80% of parents usually access their first session within two weeks of referral. In line with our ethos of supporting not only the child/young person, but their parents also, the service has proved highly effective in having an impact upon the lives of vulnerable often typically "hard to reach" parents (and therefore their children). These parents are often wary of any kind of professional support whilst they are struggling to cope with complex life issues such as substance misuse, domestic violence or clinical depression. Evaluation of the service through the CORE Outcome measure, (a standard validated measure of adult mental health) across all the hubs where the service is based, shows us that 93% of parents using this service display a statistically significant shift in their mental well-being following intervention. Early studies show that this is having a clear impact on the well-being of their children also.

We would like to offer you the opportunity to take on A Place for Parents in your schools for the coming year. This funding has been secured for the coming financial year and we are aware of the importance of working together to ensure the long term sustainability of the service. With this in mind it was agreed at the steering group to invite each school to make a nominal contribution towards the service for this year of £750. This will mean The Place2Be subsidizing 82% of the cost of the service. For this you can expect to receive a half days service, with up to 3 parents seen at any one time.

We very much hope you would like to commit to this exciting opportunity for the extended development of our work with parents in your school.

We will be contacting you later in the week to discuss this in more detail and to consider your interest in on-boarding the service. In the mean time if you have any questions please feel free to contact me.

Best wishes

(Stephen Adams-Langley, Regional Manager 07958 952 620

Dear Head teachers

Following our e-mail on the 8th March we are very pleased to share with you that seven of the ten schools in the hub have committed to A Place for Parents, our specialist counselling a service for parents, for this financial year. This will mean that we will now extend the contract of the current Parent Worker, Lily Stevanovic-Hunt from 2 to 4 days to cover the service in all 7 schools.

The Parent Worker has to date been based in four schools -Eardley, Heathmere, High View and St. Joseph's - and the work will continue in these schools as it has to date. In three schools - Broadwater, Trinity St.Marys, Shaftesbury Park - we will transition the introduction of the service in the weeks up to half term at the end of May. This will be coordinated by Lily and the Hub Manager, Marlene Mitchell in the coming weeks. We plan that the service will be properly inducted in these schools, with parents referred and ready to be seen coming the beginning of June.

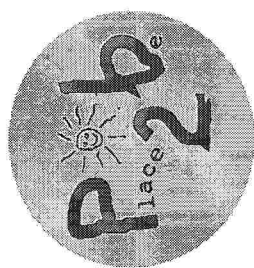
Thank you again for you commitment to the service. We are very excited about this further extension of the service within the hub, and reaching the service to more vulnerable parents (and therefore their children) in need of immediate support.

If you have any further questions please feel free to contact myself, or the Hub Manager, Marlene Mitchell.

Best wishes

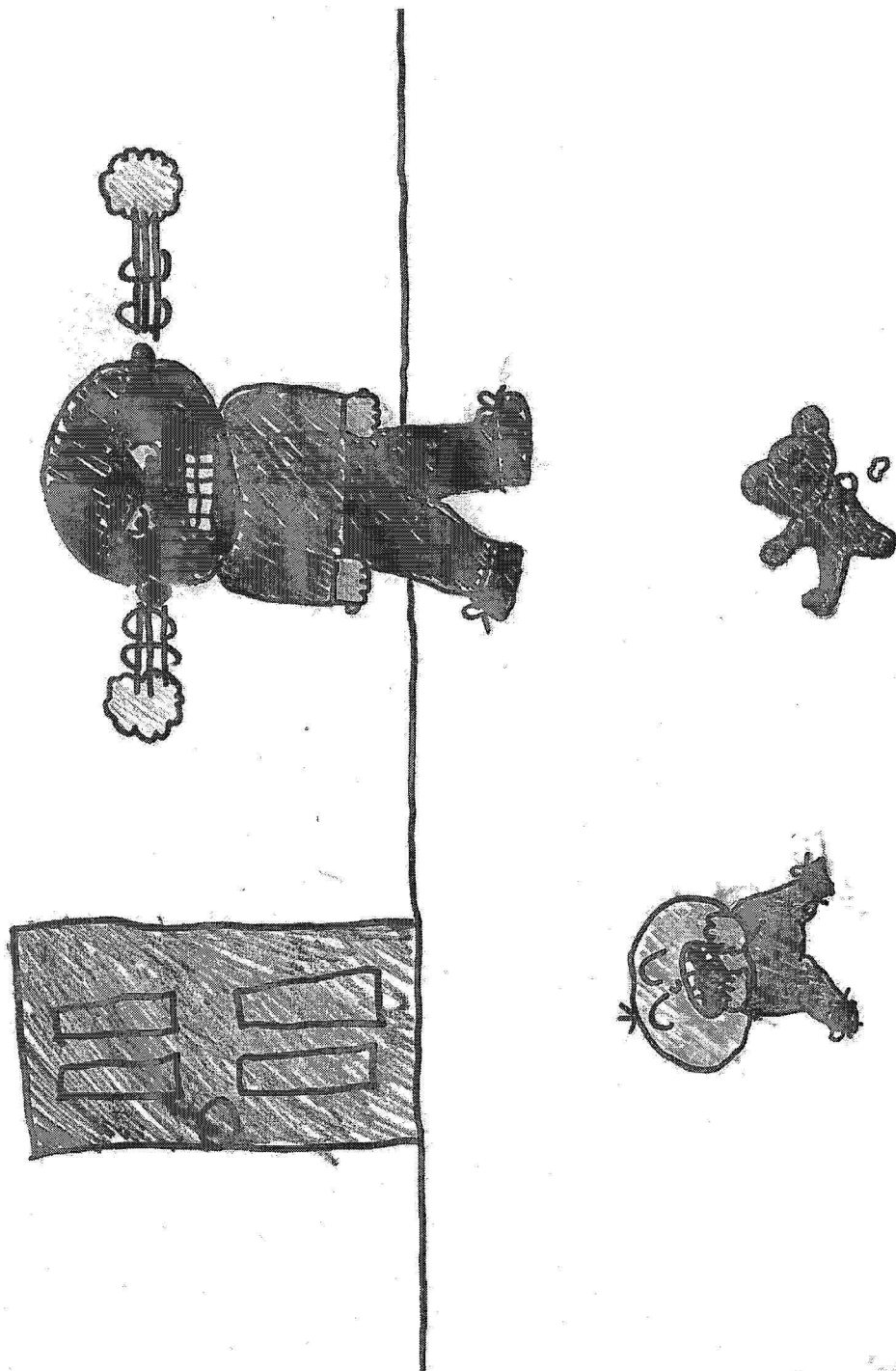
Stephen Adams-Langley, Regional Manager, 07958 952 620
stephen.adams-langley@theplace2be.org.uk

Appendix 22



Enabling emotional and therapeutic support to children in schools

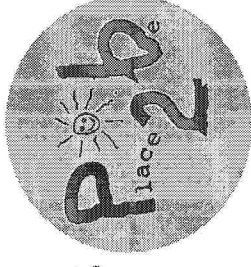
The Place2Be



Update on our work in Southwark: CAMHS JCG

21 September 2006

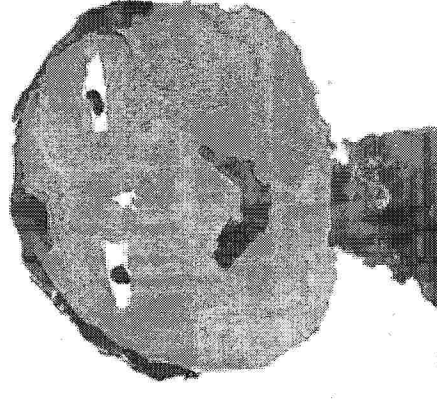
Helping primary school children deal with problems



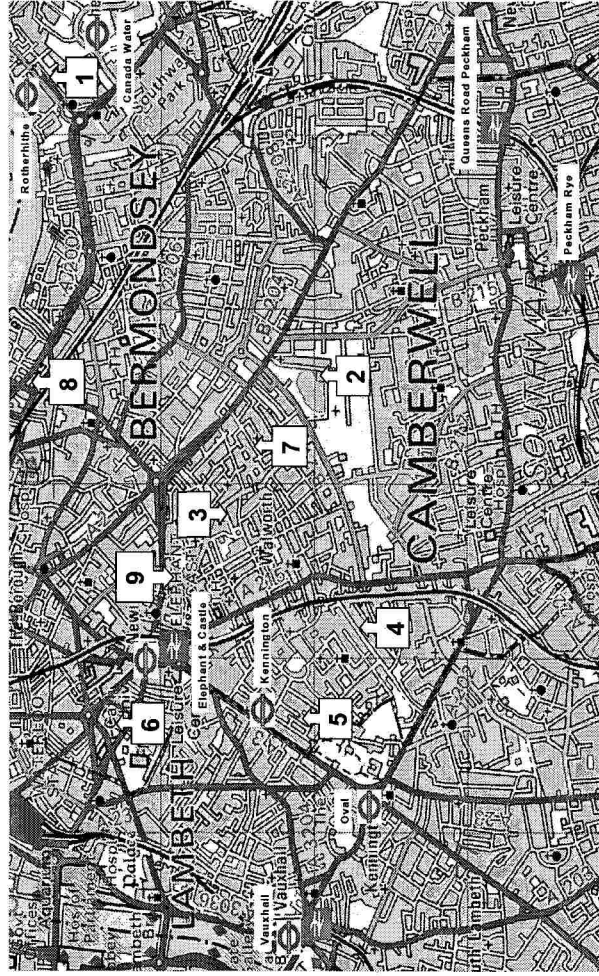
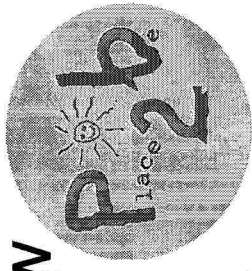
Founded in 1994 The Place2Be is an innovative, growing charity that gives children in primary schools a place where they can express their feelings through talking, creative work and play.

The Place2Be delivers a range of services directly to children, parents and teachers in primary schools. In addition we offer training for volunteers, staff and adults working with children.

Our Mission is to enable therapeutic and emotional support to be provided to children in schools based on a practical model backed up by research.



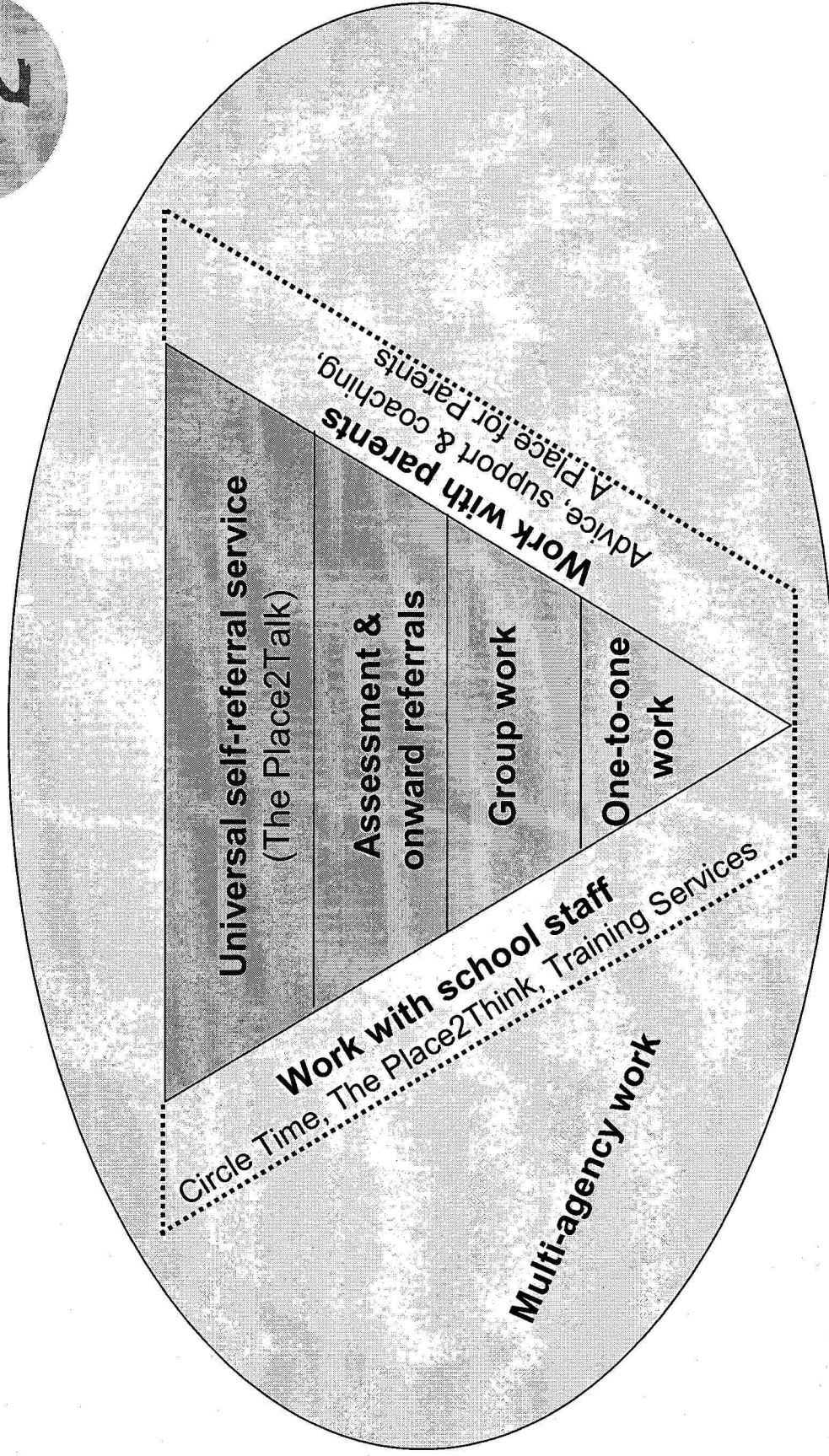
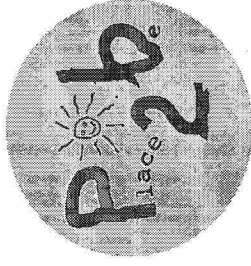
Working with primary schools across the new Southwark 'localities'



**Reaching
2,595 children
and their families**

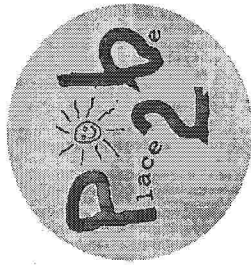
- | | |
|---|--|
| <p>1. Albion Primary School
Albion Street
Rotherhithe
London SE16 7JD</p> <p>2. Cobourgh Primary School
Cobourgh Road
London SE5 0JD</p> <p>3. English Martyrs Primary School
Flint Street
London SE17 1QD</p> <p>4. John Ruskin Primary School
John Ruskin Street
London SE5 0PQ</p> | <p>5. Keyworth Primary School
Faunce Street
London SE17 3TR</p> <p>6. St Judes Primary School
Coinbrook Street
London SE1 6HA</p> <p>7. Surrey Square Junior School
Surrey Square
London SE17 2JY</p> <p>8. Tower Bridge Primary School
Fair Street
London SE1 2AE</p> <p>9. Victory Primary School
Victory Place
Rodney Road
London SE17 1PT</p> |
|---|--|

The work of The Place2Be

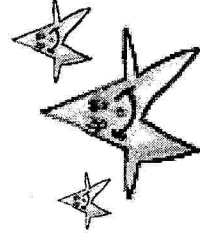


Provision of a wide range of services for children, their parents, school staff, acting as facilitator and integrated with work of other local agencies

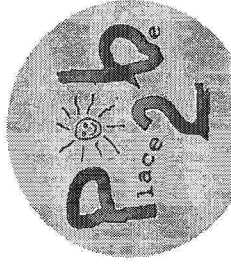
Typical reasons for referral - Summer 2006



- Separation and witnessing violence
- Domestic violence
- Sadness, loss, confusion following move from another country
- Bereavement, particularly in sudden or violent circumstances
- Death of a parent
- Low self-esteem and lack of confidence
- Confusion from living in chaotic family system
- Difficulty forming satisfying relationships & friendships
- Inability to concentrate in class or to comply with instructions from teachers
- Fall-out from separation and divorces
- Anger issues, manifest in classroom or playground
- Fear or experience of bullying

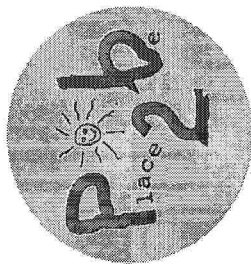


The Place2Be & Every Child Matters

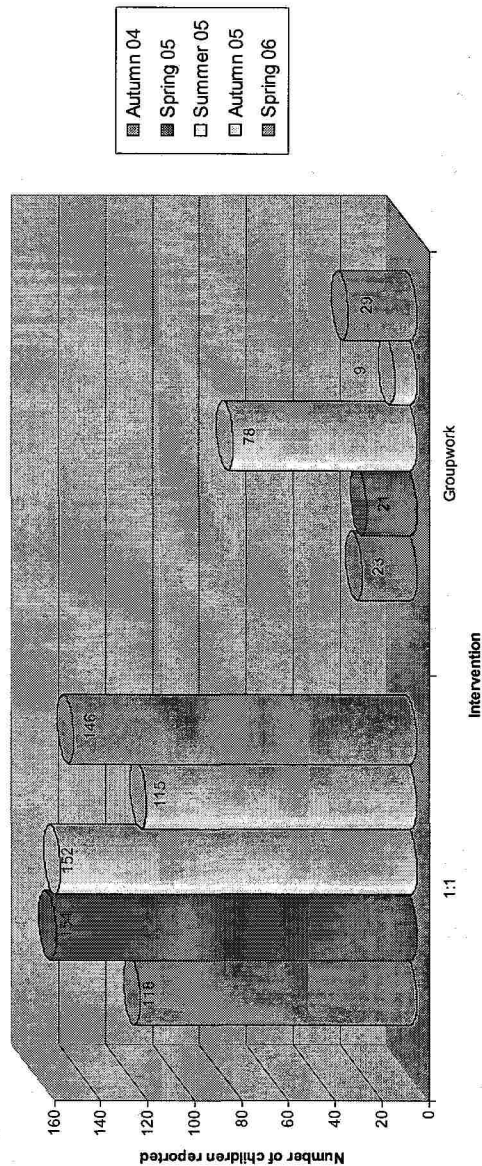


Children and young people.....				
Be healthy	Stay safe	Enjoy and achieve	Make a positive contribution	Achieve economic well-being
<p>Are physically healthy</p> <p>Are mentally and emotionally healthy</p> <p>Are sexually healthy</p> <p>Live healthy lifestyles</p> <p>Choose not to take illegal drugs</p>	<p>Are safe from maltreatment, neglect, violence and sexual exploitation</p> <p>Are safe from accidental injury and death</p> <p>Are safe from bullying and discrimination</p> <p>Are safe from crime and anti-social behaviour in and out of school</p> <p>Have security, stability and are cared for</p>	<p>Are ready for school</p> <p>Attend and enjoy school</p> <p>Achieve stretching national educational standards at primary school</p> <p>Achieve personal and social development and enjoy recreation</p> <p>Achieve stretching national educational standards at secondary school</p>	<p>Engage in decision making and support the community environment</p> <p>Engage in law abiding and positive behaviour in and out of school</p> <p>Develop positive relationships and choose not to bully and discriminate</p> <p>Develop self confidence and successfully deal with significant life changes</p>	<p>Engage in further education, employment or training on leaving school</p> <p>Are ready for employment</p> <p>Live in decent homes and sustainable communities</p> <p>Have access to transport and material goods</p> <p>Live in households free from low income</p>
Parents, carers and families...				
Promote healthy choices	Provide safe homes and stability	Support learning	Promote positive behaviour	Are supported to be economically active

One-to-one and Group work for children with 'Tier 2/Tier 3' levels of need

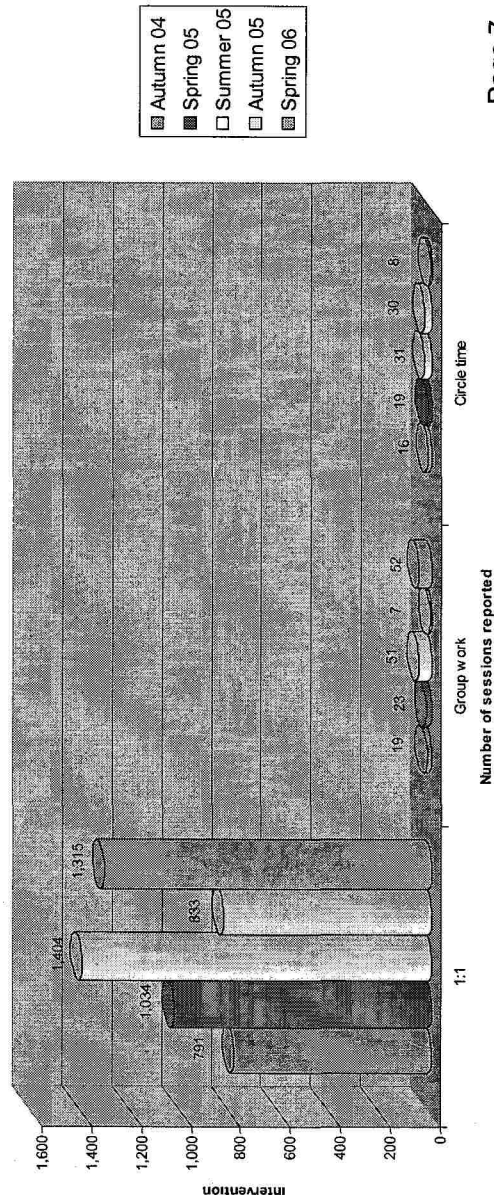


Number of children



"They're coming into class more calm, and maybe more reassured of themselves, more composed, whereas if they have frustrations, and no one's hearing them at home, then it builds up and that's how they either take it out on other children or ..that's how you get the poor behaviour in the class"
Class teacher

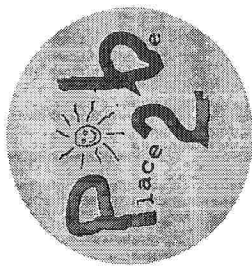
Number of sessions



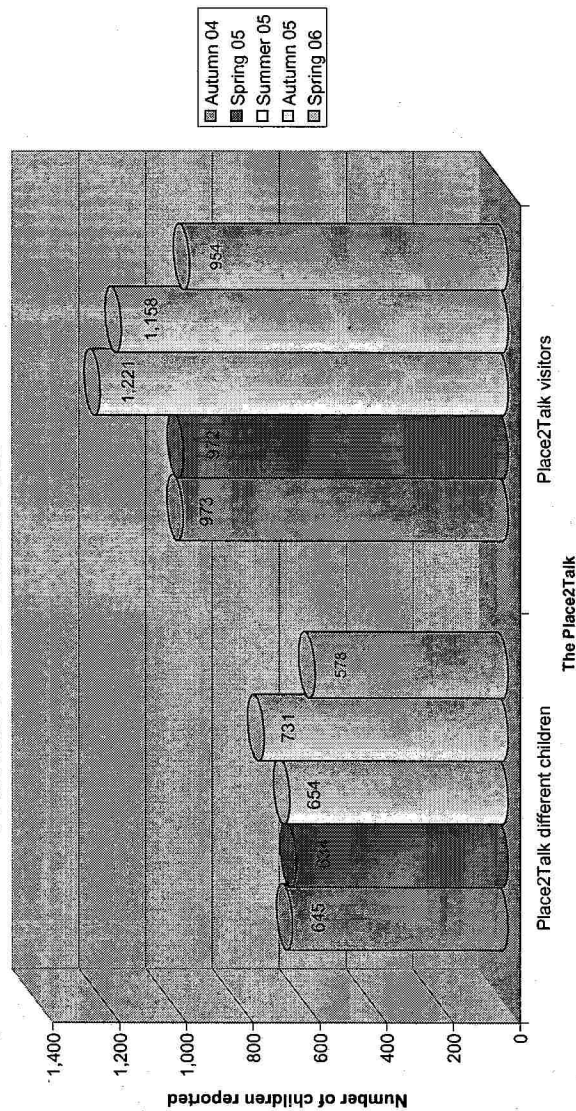
"Before I went to Place2Be, sometimes I used to bully people, but my friends have changed and I've changed too, and I talk to people now about it and my problems"

"The Place2Be just helped me, just to do the right things and control myself"

The Place2Talk – Universal Access



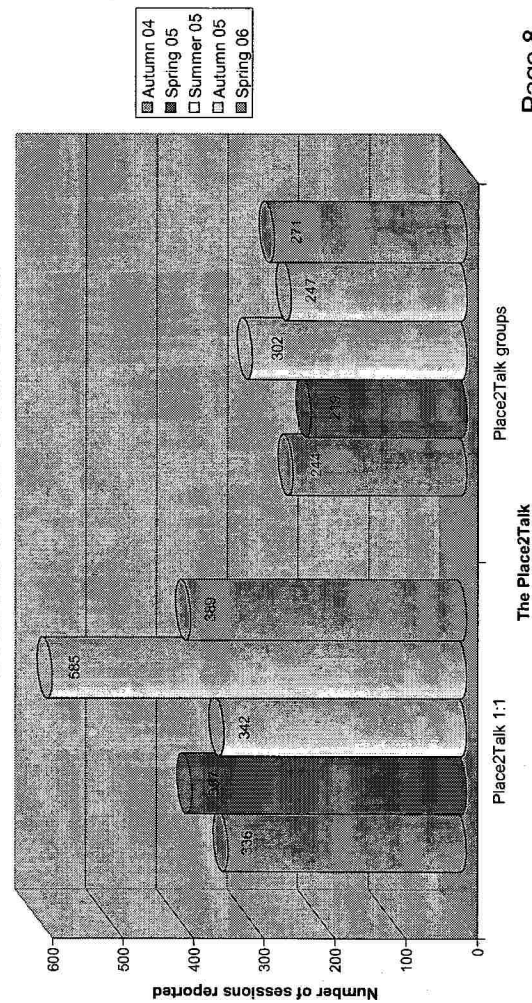
Number of children



"If you're having a bad time at home you can sort it out"

"It let me talk about the things that bothered me and helped me think about what to do"

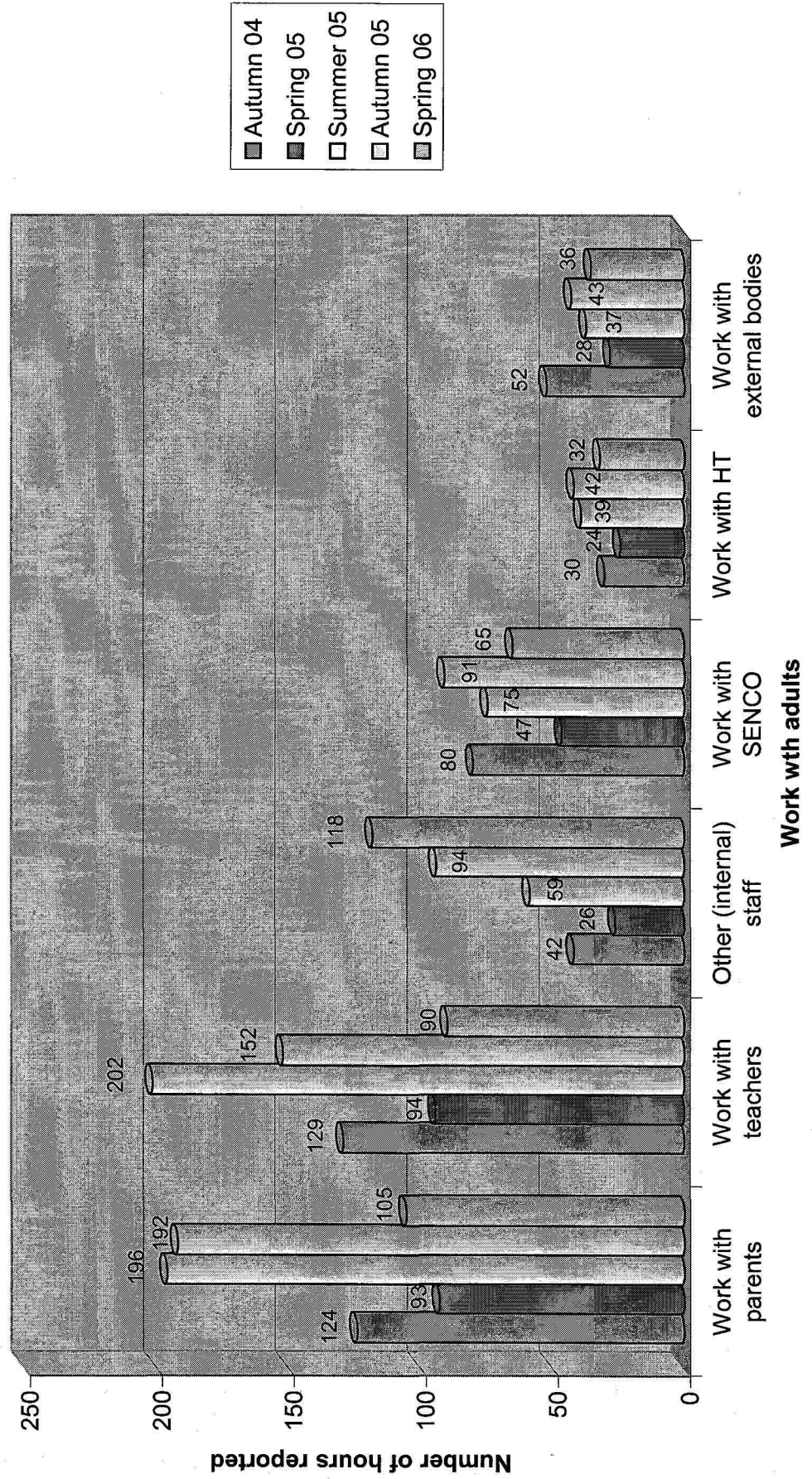
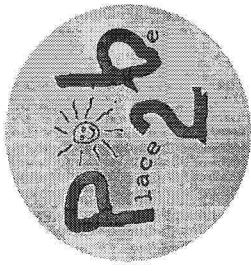
Number of sessions



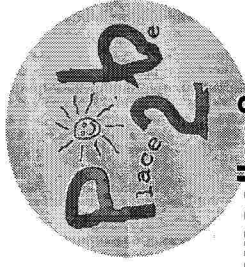
"When I came to this school I was lost and lonely so someone said why don't you come to Place2Talk with me"

"No improvements could possibly be made as they are kind, very helpful and even get some toys out to cheer you up."

Working with adults – a systemic approach

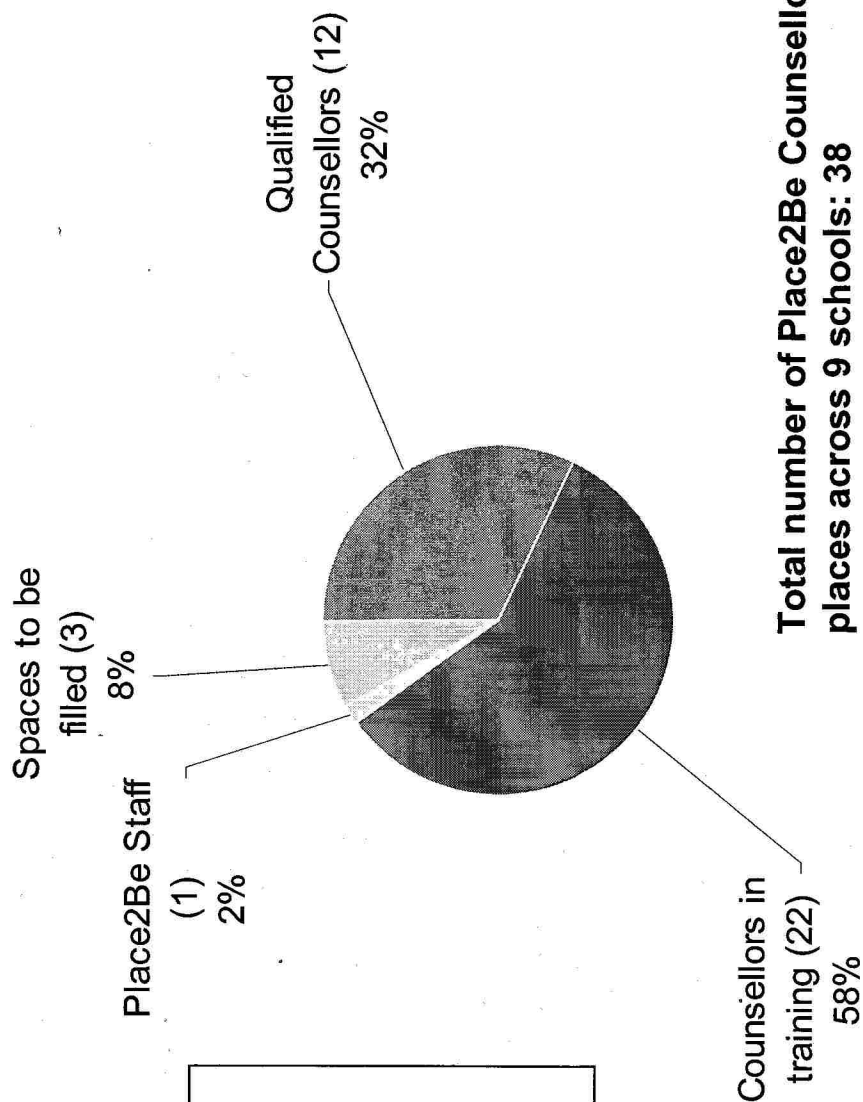
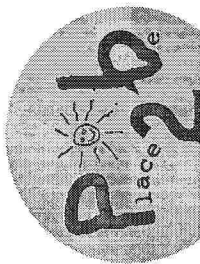


A sample day in the life of a Place2Be project



	School Project Manager	P2B Counsellor 1	P2B Counsellor 2
8.30am	Meeting with teachers		
9.00am	Meeting with parents	<i>Collect child from classroom</i> One-to-one session with child <i>Return child to classroom</i>	
10.00am	Weekly referral meeting with SENCO P2Talk appointments for children	Write-up of session notes (Staff room)	<i>Collect child from classroom</i> One-to-one session with child <i>Return child to classroom</i>
11.00am	P2Think with school staff	<i>Collect child from classroom</i> One-to-one session with child <i>Return child to classroom</i>	Write-up of session notes (Staff room)
12.00	The Place2Talk (SPM Office)	Write-up of session notes (Staff room) & LUNCH	<i>Collect child from classroom</i> One-to-one session with child <i>Return child to classroom</i>
1.00pm	P2Talk notes write-up LUNCH (in staff room)	<i>Collect child from classroom</i> One-to-one session with child <i>Return child to classroom</i>	Write-up of session notes (Staff room) LUNCH
2.00pm	Meeting with parents	Write-up of session notes (Staff room)	<i>Collect child from classroom</i> One-to-one session with child <i>Return child to classroom</i>
3.30pm	Clinical Supervision	Clinical Supervision	Clinical Supervision
4.30pm	Supervision Notes write-up		

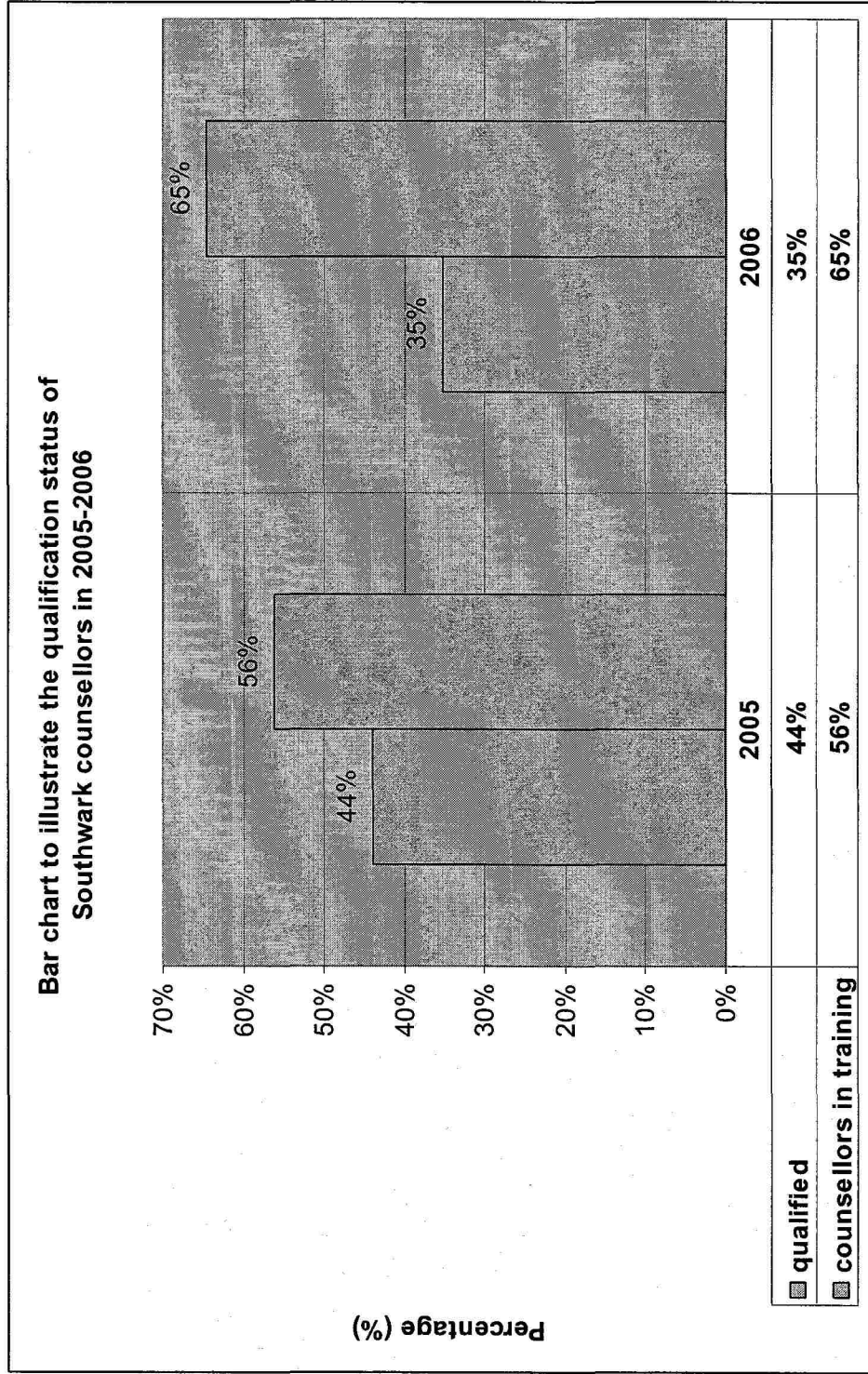
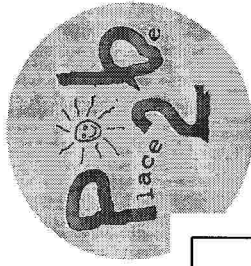
Who are our current Southwark Place2Be Counsellors?



Total Places filled: 35 (92%)
Qualified: 12: 7 returners and 5 new (32%)
In Training: 22: 4 returners and 18 new (58%)
1 x School Project Manager covers one space
Retention rate (those VCs who have been in place for 3 terms or more): 32%

Total number of Place2Be Counsellor places across 9 schools: 38

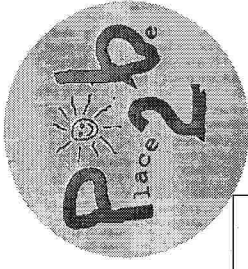
Comparison of type of Place2Be counsellor on placement in Southwark 2005/06



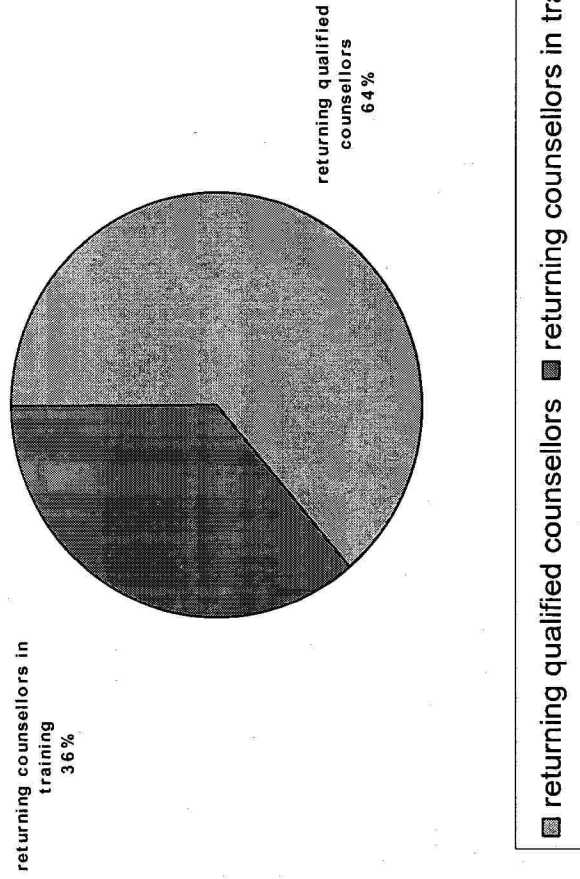
"It was my first placement. I particularly wanted a well organised, well boundaried, well supervised experience and this is exactly what I found. I have recommended it to my tutors on my counselling course to other students."

"Each new year for me is a fruitful and different experience."

32% of this year's counsellors are returning for their second (or more) year



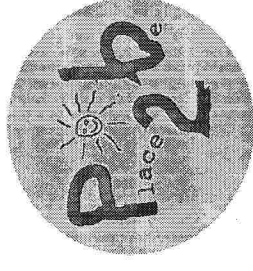
Pie chart to illustrate the qualification status of returning counsellors



"I have found my experience with The Place2Be to be nothing short of incredible. It's been and continues to be challenging – but is as rewarding as it is challenging. The training programme has been exceptionally helpful and has been invaluable to me in transferring my skills from adult working to work with children."

"I value my supervision and feel 100% supported in my work. I have found the Place2Be a very professional and supportive placement."

Where our staff & volunteers come from



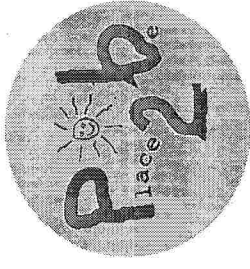
Colleges affiliated to our Southwark hub

Birkbeck College
Gestalt Centre
Greenwich University
Hackney Community College
Institute of Art Therapy and Education
London Metropolitan University
Orpington College
Psychosynthesis & Education Trust
Regent's College
Re-Vision
Southwark College
Tavistock and Portman
Terapia
University of East London
Westminster Adult Education Centre

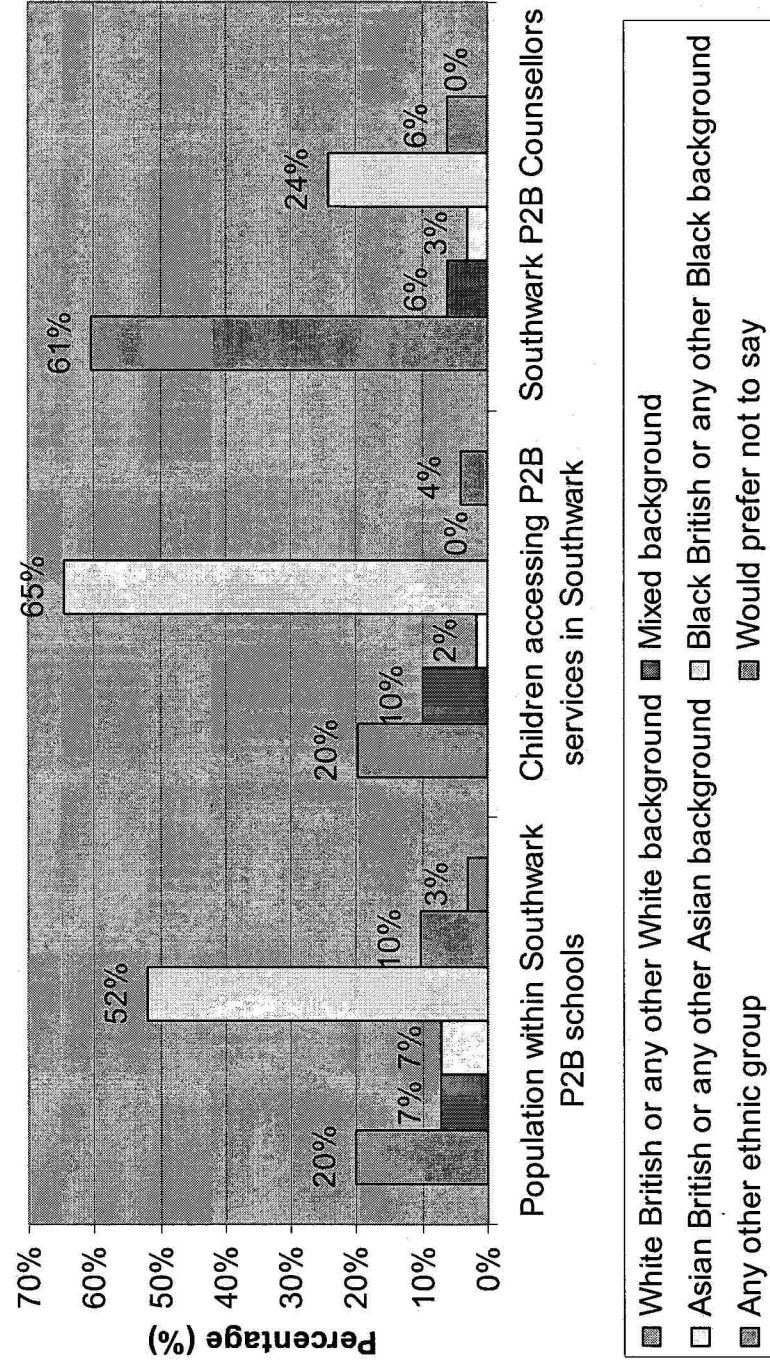
Our Southwark staff team

- 9 School Project Managers & 1 Hub Manager
- 6 former Place2Be Counsellors
- 2 former Assistant School Project Managers
- 1 former Parent Worker
- Recent qualifications: Diploma in Counselling, Drama Therapist, Postgraduate diploma in Psychotherapy
- Former posts/careers: Art psychotherapist, Counsellor (7), Nursery teacher, Learning Mentor, Investment banker, Journalist, Management consultant, Social worker, Communications specialist

Reaching Black and Minority Ethnic Communities

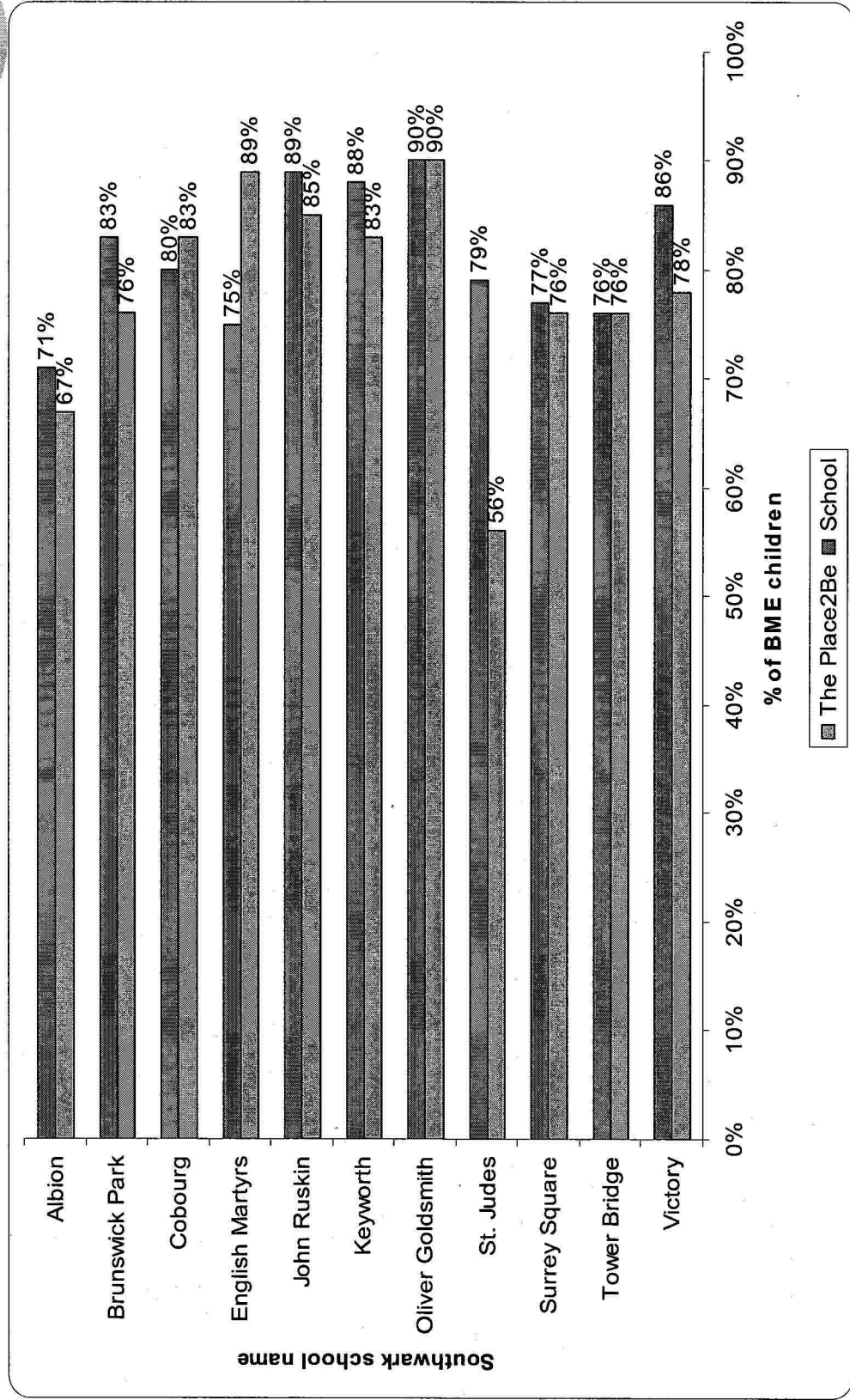
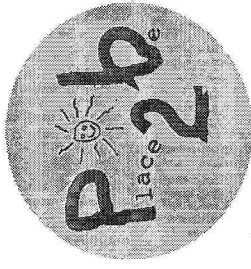


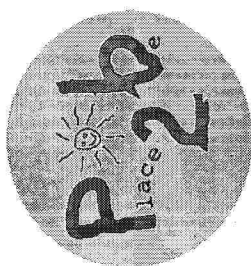
Bar chart to show the ethnicity of children and volunteers in Southwark



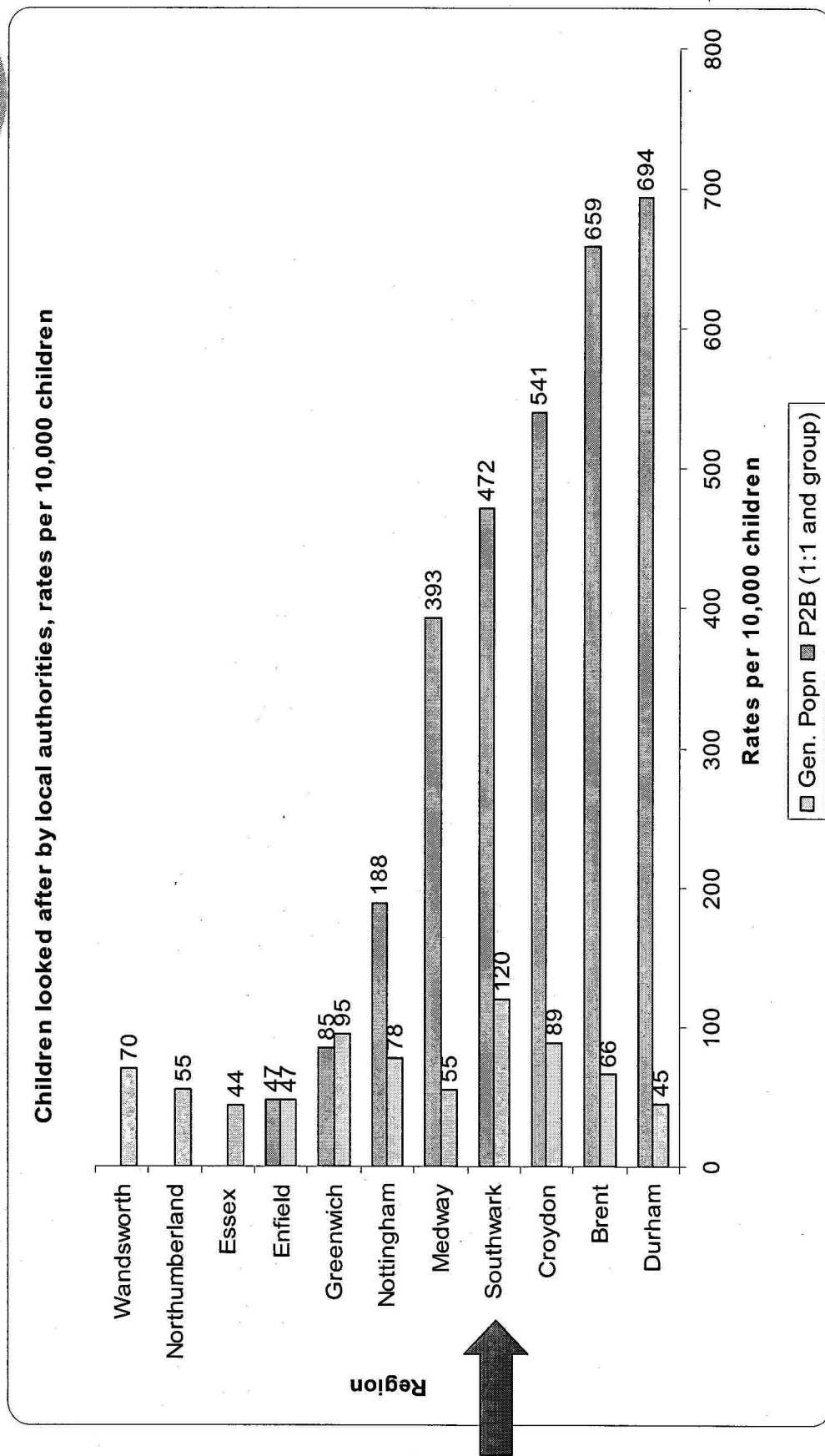
A total of 39% of Place2Be Counsellors in Southwark are non-white; this compares with 8% of registered BACP members who are non-white

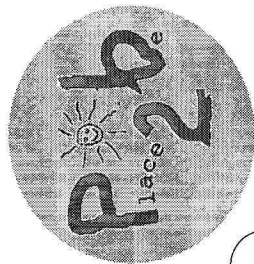
Reaching Black and Minority Ethnic (BME) children in 1:1 and group interventions



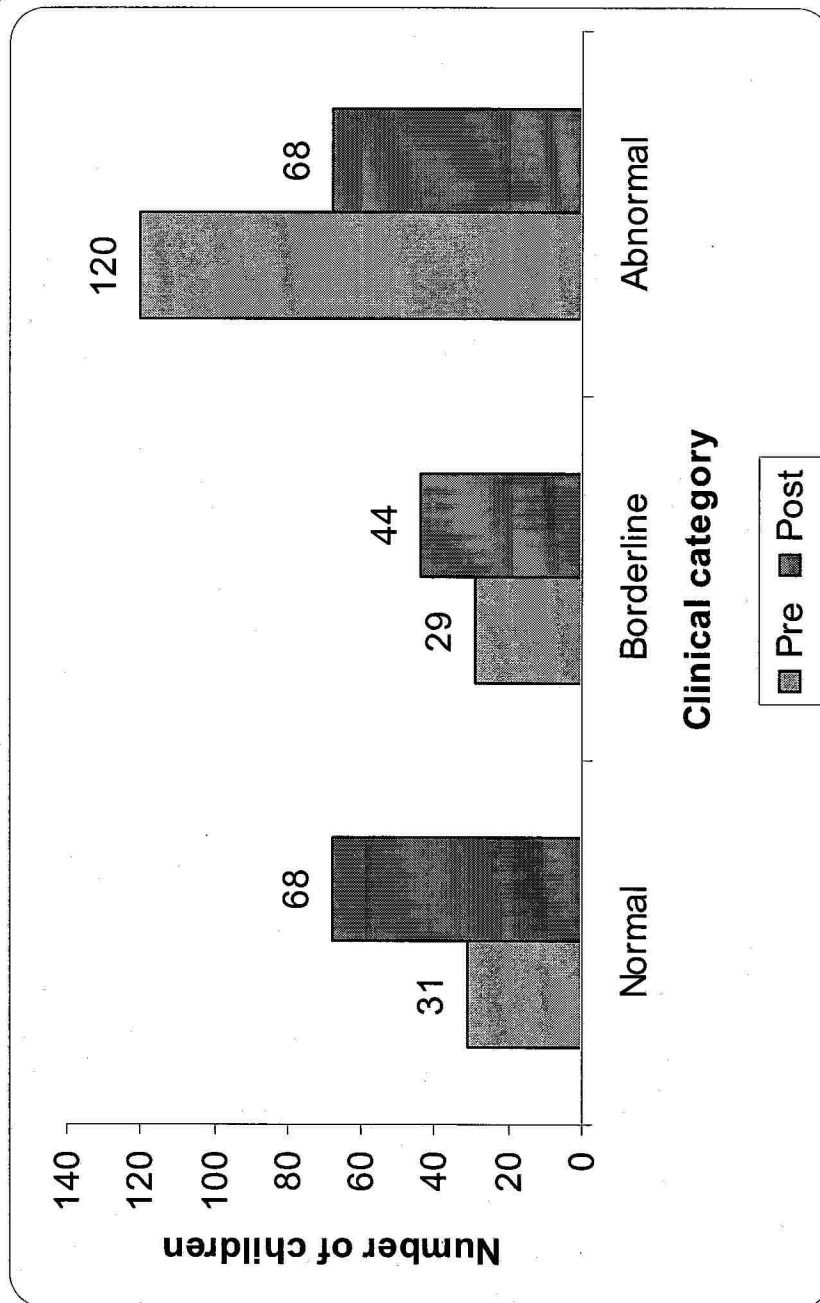


Supporting 'Looked after' children through 1:1 and Group work





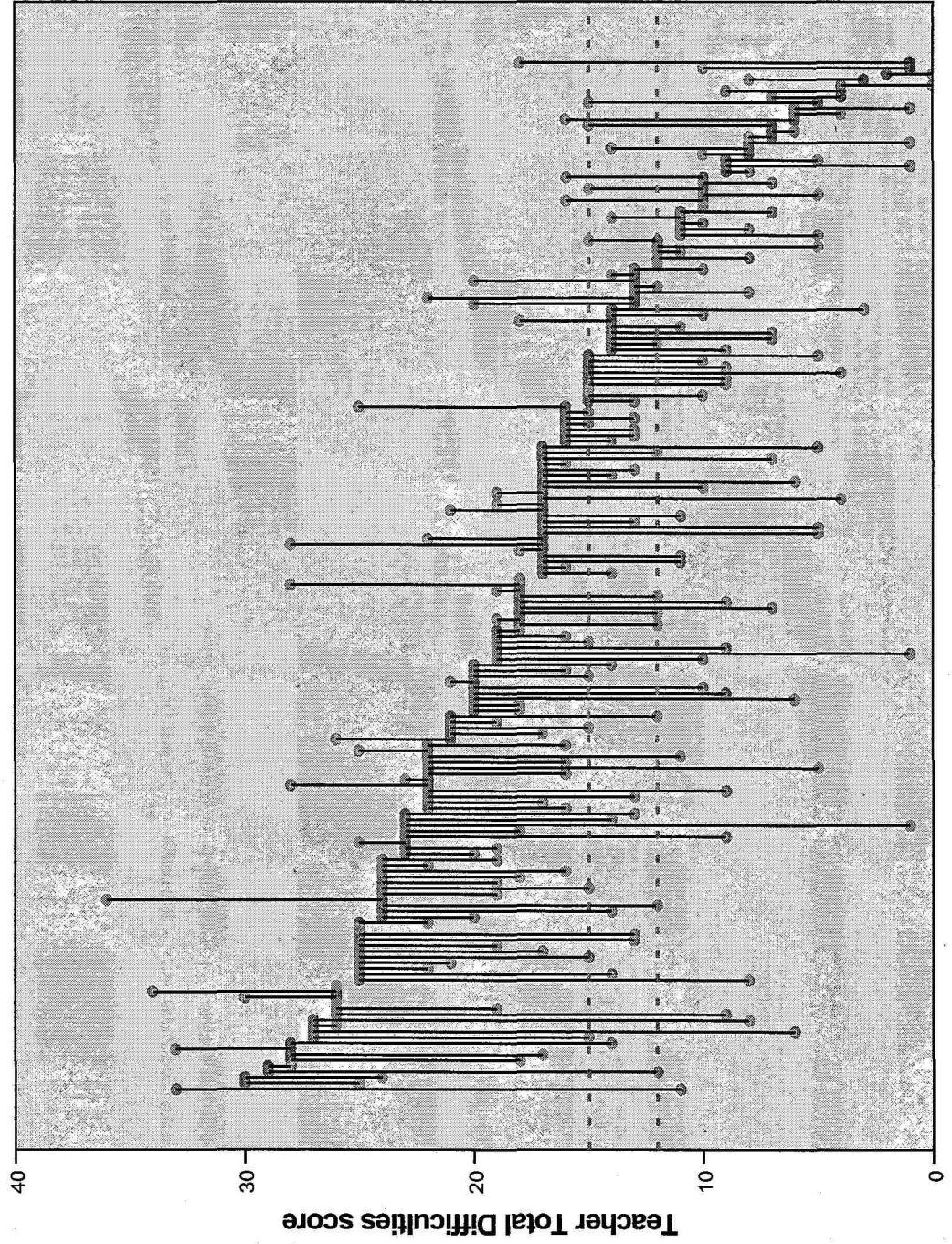
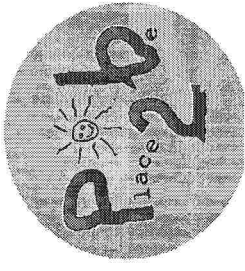
Is our service effective? Teachers' perspectives



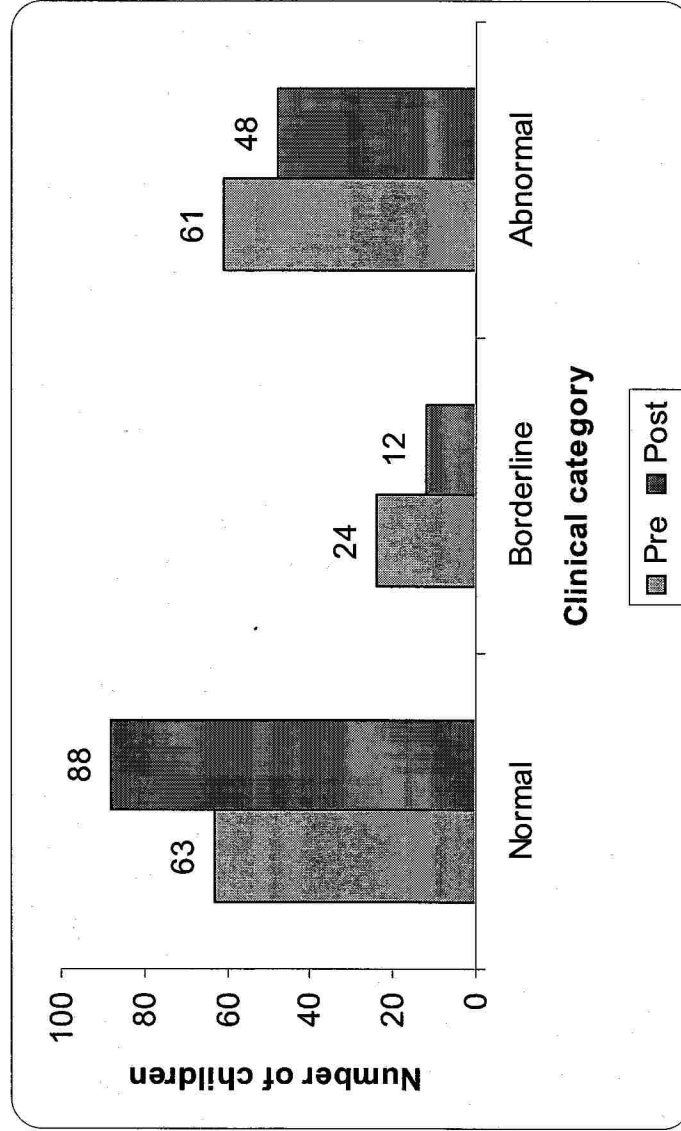
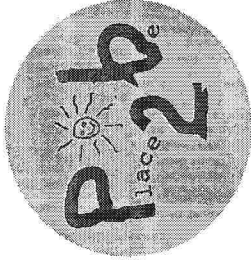
The Place2Be Research & Evaluation 2006 based on 04/05 data

120 of the 180 children (67%), for whom pre-and post-intervention data were available, were identified by teacher ratings as falling within Goodman's 'abnormal' category prior to The Place2Be intervention (compared to 10% of the general child population). This reduced to 68 children (38%) after the intervention had taken place. The number of children classified as 'normal' increased from 31 children (17%) to 68 children (38%) following intervention

Teachers' perspective: shift in total difficulties



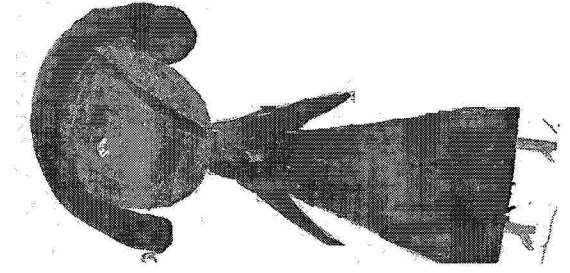
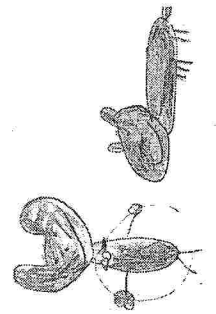
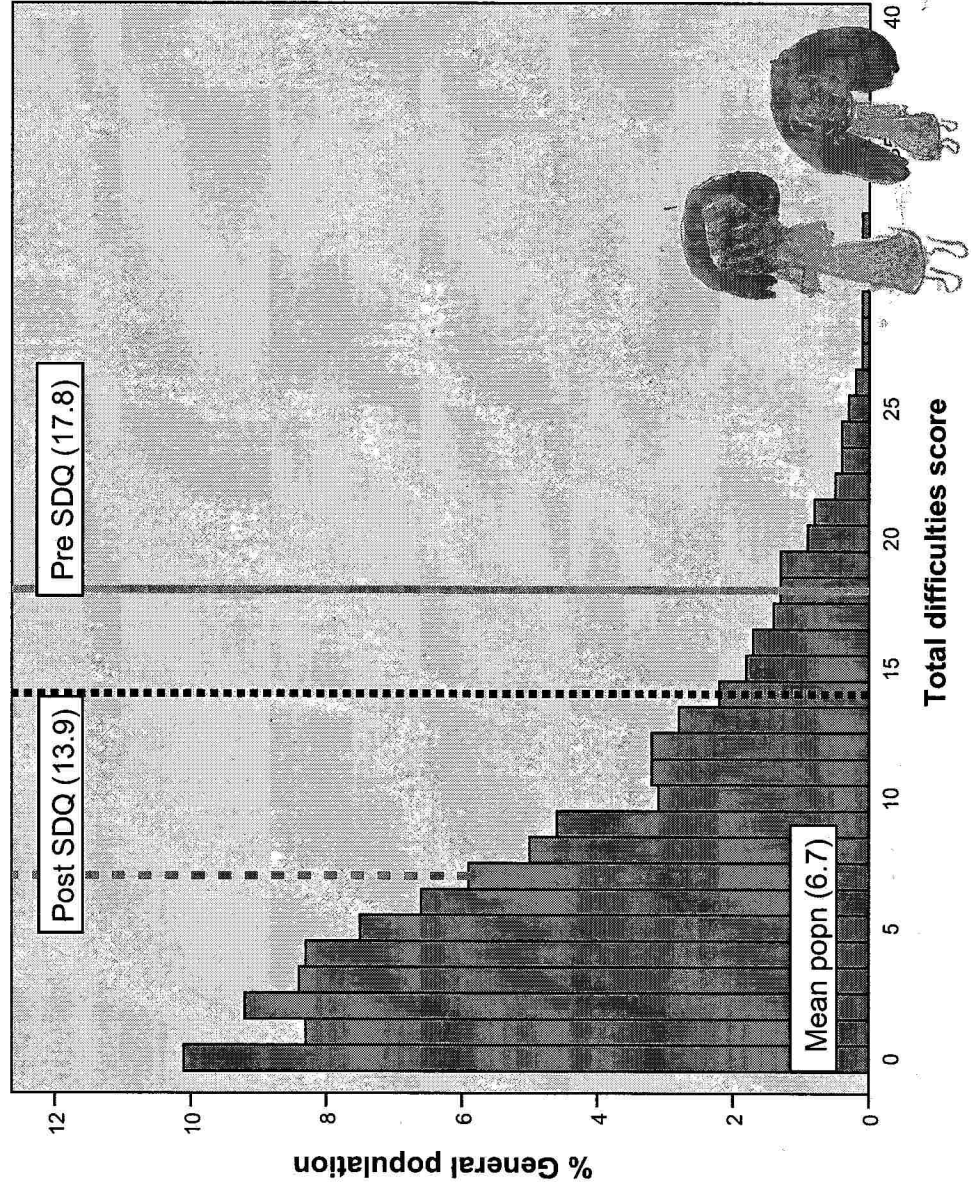
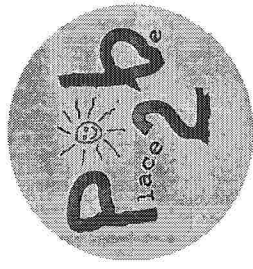
Parents' perspectives



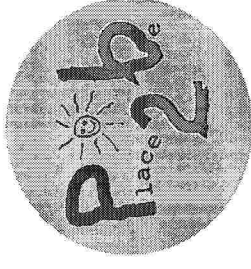
The Place2Be Research & Evaluation 2006 based on 04/05 data

61 of the 148 children (41%), for whom pre-and post-intervention data were available, were identified by parent ratings as falling within Goodman's 'abnormal' category prior to The Place2Be intervention (compared to 10% of the general child population). This reduced to 48 children (32%) after the intervention had taken place. The number of children classified as normal increased from 63 children (43%) to 88 children (59%).

Frequency distribution of normative population: SDQ teacher Total Difficulties



The Place2Be Training: contributing to The Children's Workforce Reform Strategy



Training for Volunteers & staff

- Volunteer counsellor programmes
 - 2 day Volunteer Introductory Workshop
 - 8 x one-day modules contributing to CPD
 - Advanced modules in development for returning volunteers

Accredited training for school staff & other adults

- The Place2Learn
 - Teaching Assistants
 - Mid-day Supervisors
 - Learning Support Assistants
 - Learning Mentors
- 1 day INSETs
- The Place2Train

Stronger communication skills

- Course provides an opportunity to try new approaches
- Greater confidence to use existing skills

New approaches and strategies

- Practical ways to handle complex situations

Emotional literacy

- Greater understanding of your own reaction to a situation
- The reasons for and behind children's behaviour

Course certification

- OCN certification of work
- Self-esteem and confidence

Better team work within the school

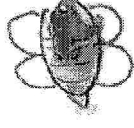
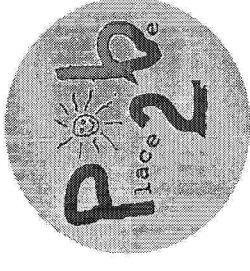
- Strengthened Teacher : Teaching Assistant relationship
- Staff motivation and morale

"Well balanced, very professional and empowering"

"My awareness and openness will enable clients to be open themselves"

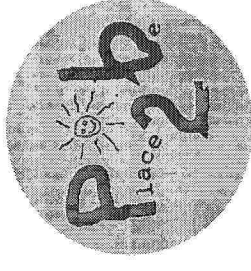
"A real sense of feeling able to place this subject into the context of my work at The Place2Be and also in my world"

Transition work



- Summer term transition groups
 - John Ruskin
 - Cobourg
 - Keyworth
 - Victory
 - Tower Bridge
- In other schools transition issues and anxieties were addressed through Circle Time and Place2Talk
- Pilot programme scoped – based on experience of Transition Pilot with Year 7 in 2 x Nottingham schools
- Interest from corporate sponsor to develop this work with The Place2Be in Southwark

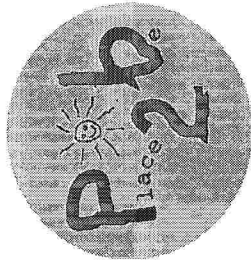
Ensuring delivery of a quality service



- Quality assurance is paramount
- Strict recruitment protocols
 - Qualification and training requirements for volunteers
 - Structured interviewing process
 - CRB and reference checks
 - Volunteer introductory training (mandatory)
- Policies & procedures
 - Referral & Assessment
 - Child Protection
- Close supervision
 - Weekly supervision for all volunteers
 - SPM/Hub Manager model
- Training for staff & volunteers
- Operational reviews
 - Annual / termly school reviews
 - Review of termly operational data
 - Senior management annual review of Hub
- Hub Steering Groups
- The Place2Be Quality Committee – subcommittee of Board of Trustees



Research and Evaluation at The Place2Be

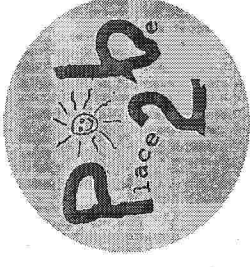


- **Internal evaluation**
 - 3-year work plan guided by Research and Evaluation Strategy
 - Support from The King's Fund has funded a specialised member of staff and consultancy from two senior academics from the Institute of Psychiatry, Kings College
- **External evaluation**
 - Independently evaluated by external evaluators
 - Children's Fund x 5
 - MVA (commissioned by Edinburgh funders)
 - Ofsted

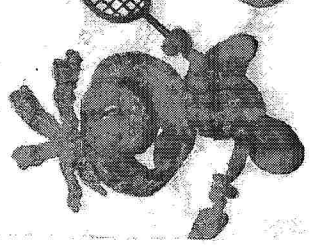
"Those who lack confidence or are socially insecure benefit considerably from the advice and support they receive from 'The Place2Be' team."

"There are some effective systems across the school, such as the Place2Be initiative. This provides effective support and encouragement to pupils experiencing personal difficulties."

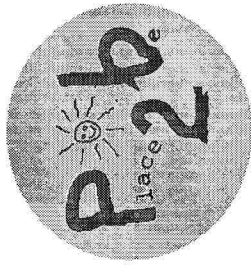
Our research and evaluation strategy



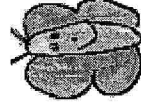
- To assess whether The Place2Be's interventions make a positive difference to the mental health of individual children, the social climate of the classroom, academic achievement and the whole-school environment
- To gauge whether The Place2Be is doing what it claims it does
- To assess strengths and weaknesses of interventions
- To identify good practice and areas for improvement
- To identify factors that have an impact on the effectiveness of The Place2Be's interventions



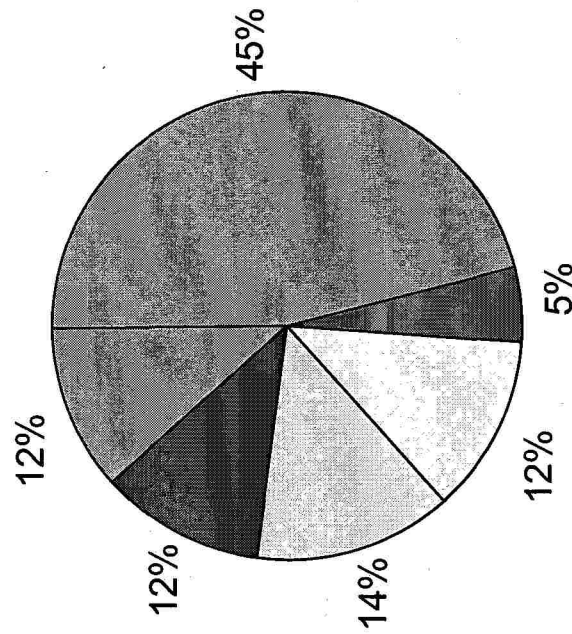
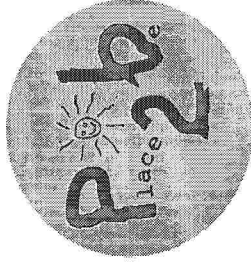
The workplan 2006/07



- Annual hub reviews – framed around Every Child Matters
- Comparison group (base line research)
- The Place2Talk – evaluation methodology & pilot
- Assessing whole-school impact
- A Place for Parents
- Transition pilot
- Assessment of impact of The Place2Be Training



How our work is financed 06/07



■ Schools

■ Peckham New Opportunities Fund (Cobourg): confirmed to Dec 2007

□ Childrens Fund: confirmed to March 2008

□ CAMHS: confirmed to March 2007

■ DAAT: confirmed to March 2007

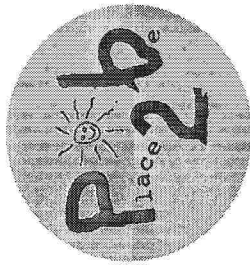
■ The Place2Be: cost savings brought forward from 2005/06

Total budget: £260,804

Average cost of £91 per child per annum

HMS Treasury / Cabinet Officer Cross Cutting Review: Progressive Universalism: services available in a universal setting which are accessible, addressing different levels of need.

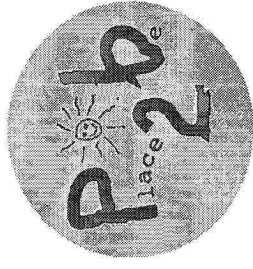
Future developments & opportunities in Southwark



- Fit within Young Southwark strategy & Locality model
- Development of services offered
 - Invitation to schools to join the hub
 - Transition work
 - A Place for Parents
 - Training package
 - The Place2Talk – Evaluation
- Collaborating on Southwark developments
 - Extended Schools
 - Children's Centres
 - Common Assessment Framework

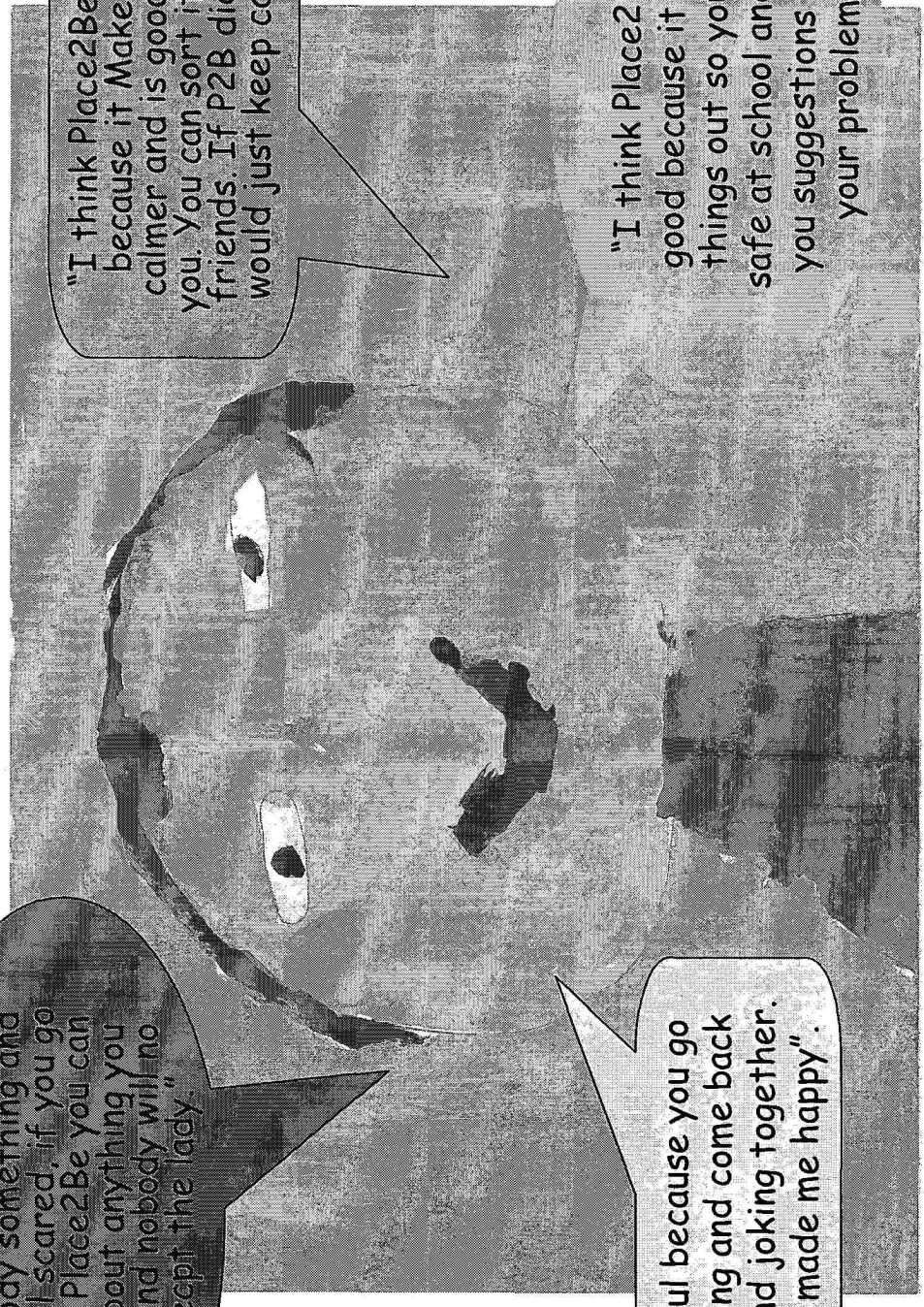


What children say about The Place2Be



"when you want to tell somebody something and you feel scared, if you go to The Place2Be you can talk about anything you want and nobody will no except the lady"

"its helpful because you go like fighting and come back laughing and joking together. You have made me happy"



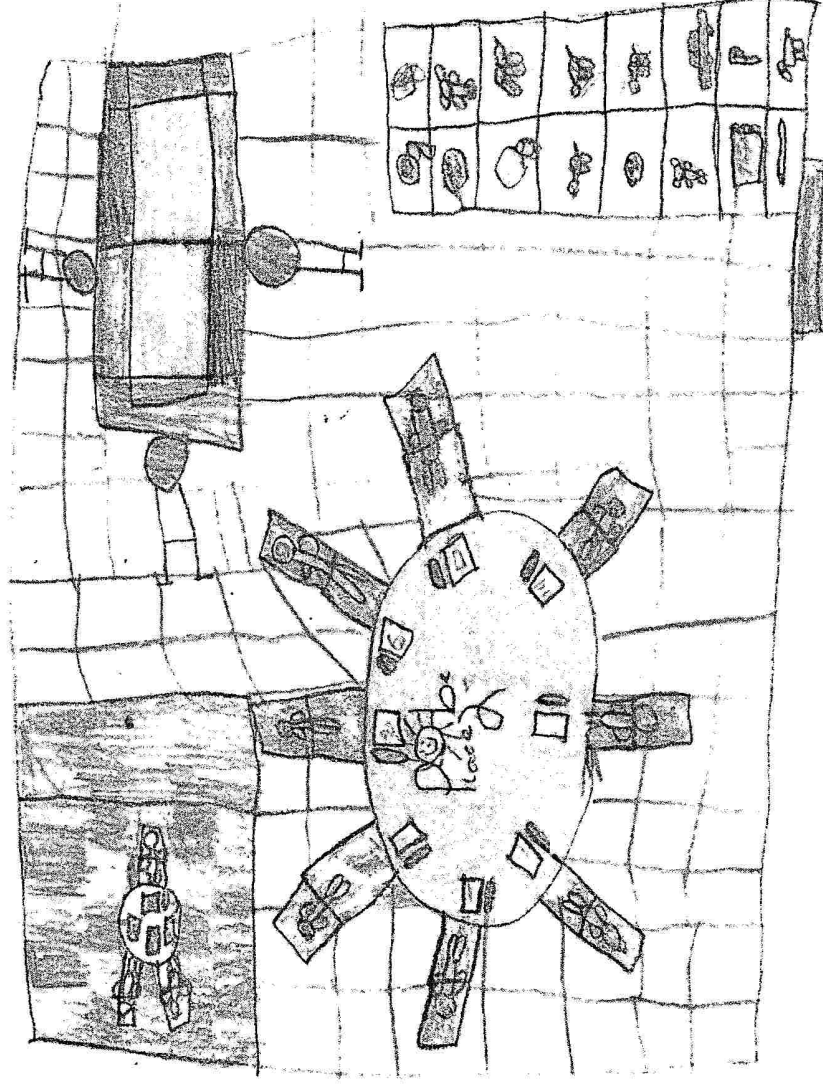
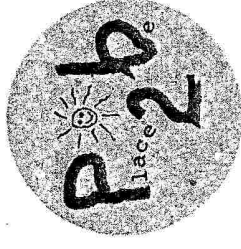
"I think Place2Be is helpful because it Makes us moor calmer and is good to talk to you. You can sort it out and be friends. If P2B didn't work it would just keep carrying on."

"I think Place2Be is good because it sorts things out so you feel safe at school and gives you suggestions about your problems."

Appendix 23

Enabling emotional and therapeutic support to children in schools

The Place2Be

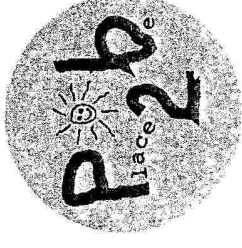


Children and Mental Health: Working in the primary environment

Young Lives Today Exhibition, Manchester International Convention Centre

Wednesday 9 March 2005

Mental Health Statistics



Untreated childhood mental health problems can lead to an increased likelihood of psycho-social disorders developing in later life:

Four out of five children who show behavioural problems at aged 5 go on to develop more anti-social behaviour.

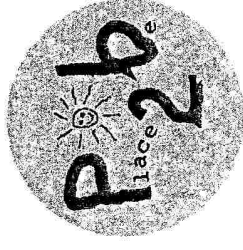
40% of 7 and 8 year olds with a conduct disorder become recidivist delinquents as teenagers.¹

Over 90% of recidivist delinquents had a conduct disorder as children, apparent by the age of 7.

Research shows links with teenage pregnancy and bullying. Mental health is a factor in substance misuse, low academic achievement and truancy.

1. Scott, S.: Aggressive behaviour in Children – BMJ 316:202-6, 1998
Stephen Scott is a psychiatrist at the Maudsley Hospital, London.

When Support is Missing

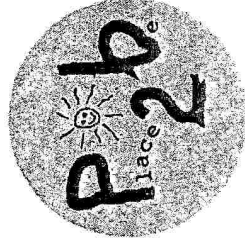


1 in 10 children has a mental disorder severe enough to need professional input, yet fewer than 1 in 5 receive a service.¹

Young people who do not have access to support become adults who cannot work or contribute to the community. The impact on already challenged communities is very negative for community self-confidence and regeneration.

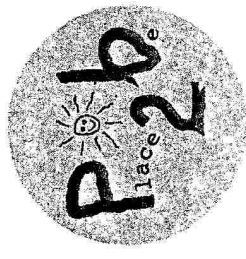
1. *The Mental Health of Children and Adolescence in Great Britain 2000*, Office for National Statistics

Promoting Early Identification & Intervention when Mental Health Problems present.



- Children need to develop the social and emotional competence that will help them to understand the rules that govern relationships between people.
- There is evidence that Intervening Early can help children develop these competencies. The skills of interaction can be acquired. Where children have formed positive relationships in the schools and communities this has provided them with an element of protection against involvement in offending and other anti-social behaviour.
- Schools can make a difference by introducing experiences and activities that can help children cope with difficulties and enable them to profit from their school experience. By intervening at an early stage the downward spiral where difficulties get worse, become harder to address, and lead to failure, can be prevented.

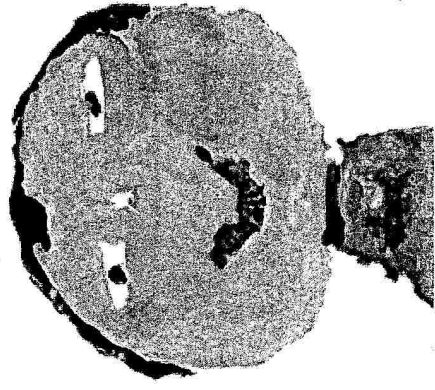
Helping primary school children deal with problems

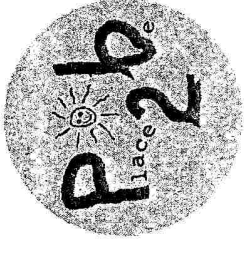


Founded in 1994 The Place2Be is an innovative, growing charity that gives children in primary schools aged 4-11 a place where they can express their feelings through talking, creative work and play.

The Place2Be delivers a range of services directly to children, parents and teachers in primary schools. In addition we offer training for volunteers, staff and adults working with children.

Our Mission is to enable therapeutic and emotional support to be provided to children in schools based on a practical model backed up by research.

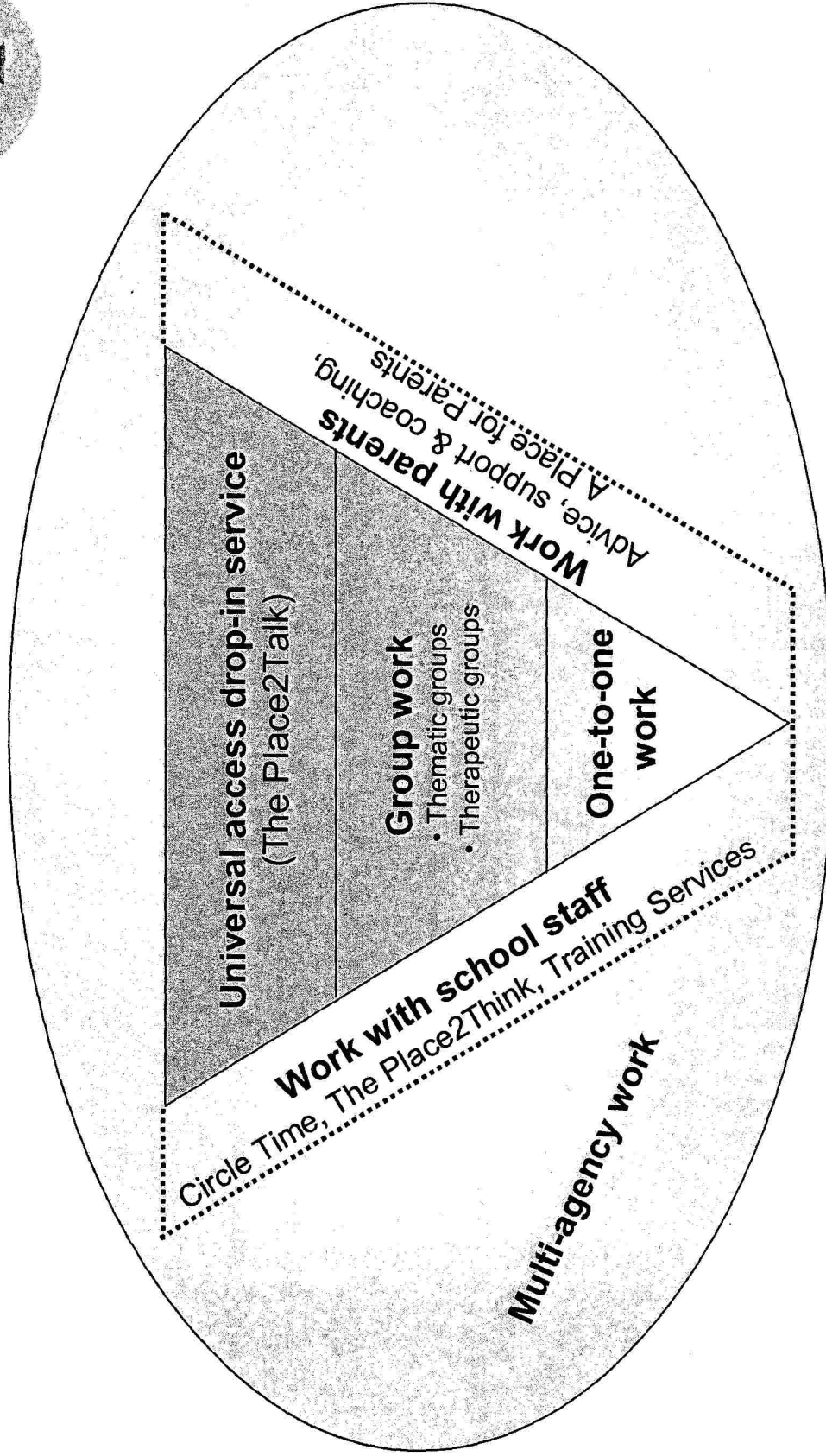
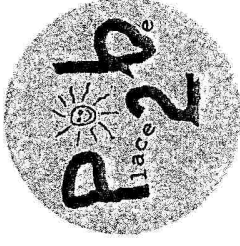




What does The Place2Be do?

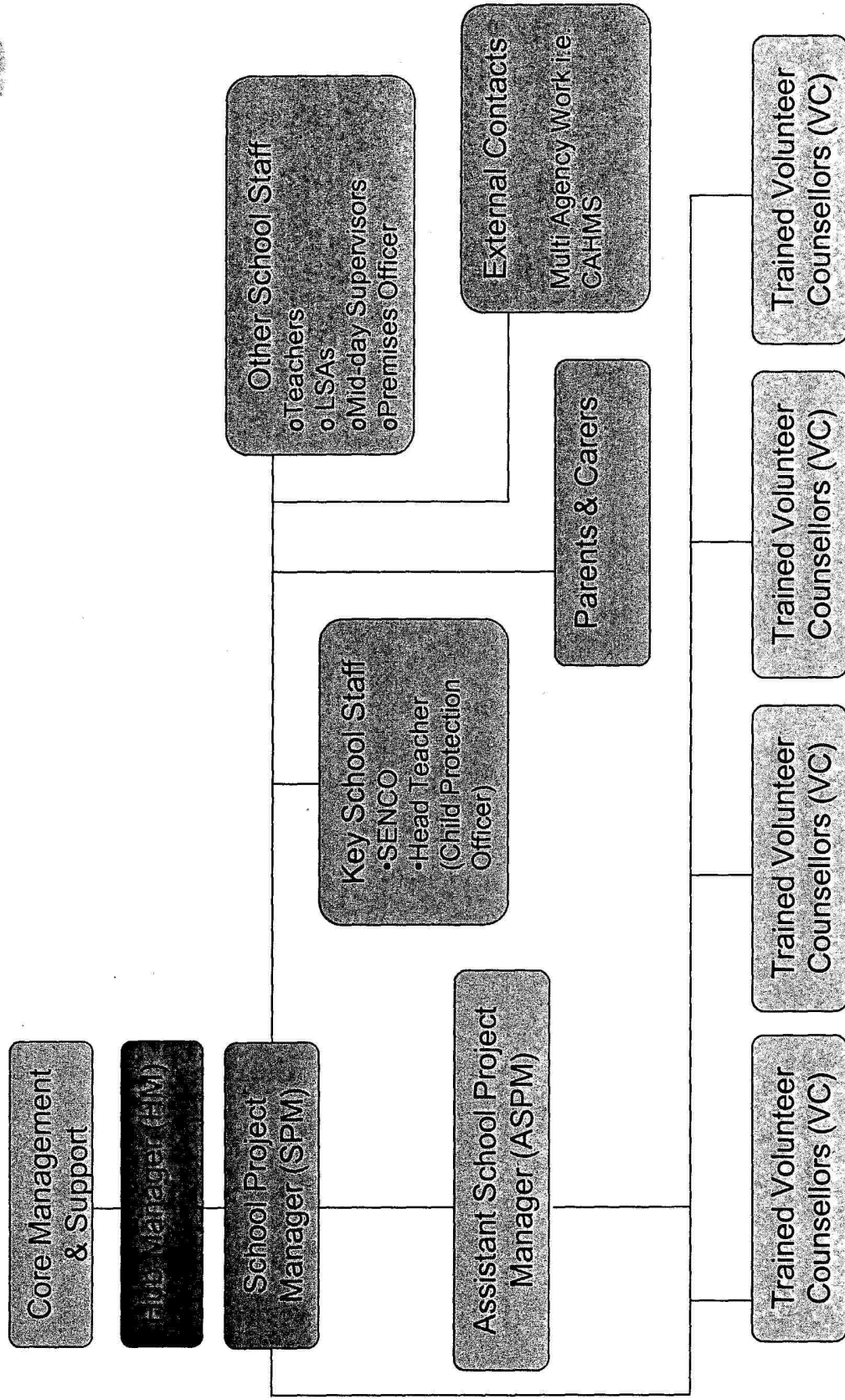
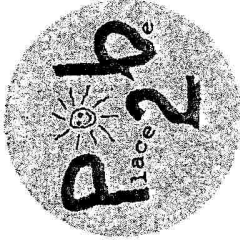
- Provide a dedicated team to work with children within the school environment
- Provide a dedicated room – a ‘safe space’ - within the school for the work to take place.
- Address emotional issues which in some cases may be leading to behavioural issues
- Focus on early intervention / prevention
- Can provide training to build increased capability amongst the school workforce to identify and address emotional needs

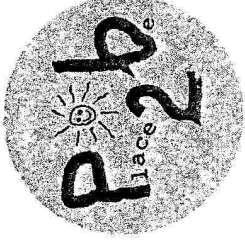
The work of The Place2Be



Provision of a wide range of services for children, their parents, school staff, acting as facilitator and integrated with work of other local agencies

School Structure





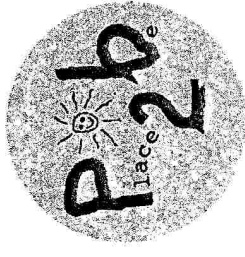
P2B direct service in schools

- The Place2Talk (self referral)
- 1:1 work with children
- Small group work with children
- Whole class or assembly work
- Work with parents/carers
- A Place for Parents (in pilot stage)
- The Place2Think (dedicated service for teachers)
- Work with school staff e.g. circle time
- Involvement with INSET training days

Referral and assessment are key supporting elements of our service within schools

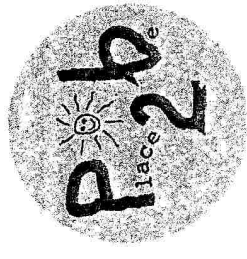
Reasons for Referral

- Abuse
- Anxiety
- Bereavement and loss
- Bullying
- Changes to family structure
- Depression
- Eating disorder
- Erratic and dangerous behaviour
- Learning/communication disability
- Loneliness
- Low self-esteem
- Neglect
- Parental illness, substance abuse, or criminality
- Relationships with siblings
- Self-harm
- Socio-economic disadvantages
- Transfer to new country
- Transfer to new school
- Underachievement
- Victims of war
- Withdrawn behaviour



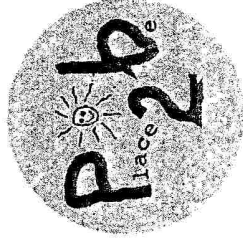
Parental Feedback

extracts from Parent Survey (Medway, Kent)



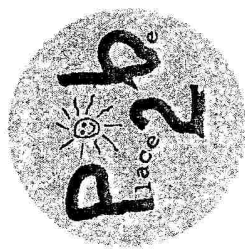
- *“The Place2Be helped my son improve at home and at school. I am very pleased with the progress that he has made. I have very good feedback from him. He enjoyed going to The Place2Be.”*
- *“It helped my daughter 100% in Year 3. I hope it has a place in our school for future years.”*
- *“This helped my son realise that lots of kids need help at school occasionally.”*
- *“They are friendly and patient, a very valuable part of the school’s pastoral provision and all the more valuable for being independent.”*
- *“The Place2Be makes a very positive contribution to the life of the school.”*

Professional Feedback



- A report prepared by Young Minds for the Enfield Children's Fund described The Place2Be as "*A well established service in the borough of Enfield...[achieving]... very positive outcomes and successes in early intervention*"
- An Ofsted Inspection in an Enfield Primary School 2004 observed that individual personal needs are supported well, including those of children from difference cultures, refugees, Traveller's children and those with language difficulties. [The services provided by The Place2Be] help deal with individual problems, such as those arising from domestic, economic, or personal difficulties. Last term over 140 children took advantage of these facilities. The service, which receives financial support from the school, is making an important contribution to children's well-being and self-esteem.
- A SENCO & Deputy Head of a Southwark P2B school was asked what she would do without P2B in her school: "*My answer is simple – I'd leave. Without The Place2Be my job would be extremely hard.*"
- An Ofsted Inspection in a Croydon Primary School 2002 surmised that relations between school staff and P2B staff were good, harbouring mutual professional respect. Services were well delivered, supervised and monitored, and children valued the way P2B helped them '*sort out*' their problems.

What children say about The Place2Be



"When you want to tell somebody something and you feel scared, if you go to The Place2Be you can talk about anything you want and nobody will except the lady."

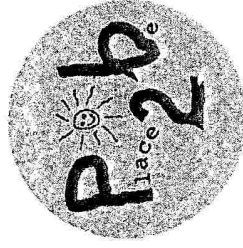
"It's helpful because you go like fighting and come back laughing and joking together. You have made me happy."

"I think Place2Be is helpful because it makes us mood calmer and is good to talk to you. You can sort it out and be friends. If P2B didn't work it would just keep carrying on."

"I think Place2Be is good because it sorts things out so you feel safe at school and gives you suggestions about your problems."

Our Work Recognised

The Place2Be's work has been recognised by the following Awards:



Highly Commended in *The Mental Health Awards 1998* - Department of Health Voluntary Sector Award

Children's Champion 2000 - Awarded to Benita Refson, Chief Executive of The Place2Be



Winner of *The Guardian Charity Award 2000*

"Provisions such as The Place2Talk and Place2Be are powerful tools that help to bring about pupils' very good behaviour"

Ofsted Report,
Keyworth School, 2003.

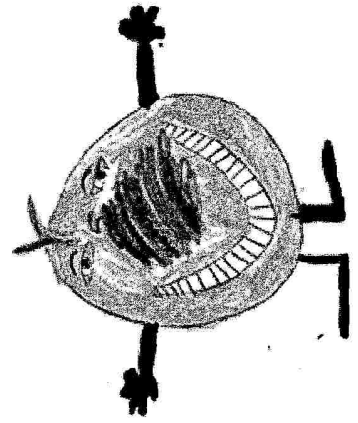
Highly Commended by *Mental Health Europe* - the European Regional Council of the World Federation for Mental Health



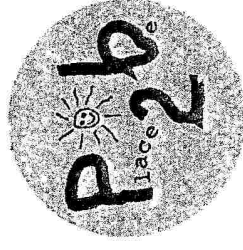
Highly Commended in *The Charity Awards 2002* –
Children and Youth Category

House of Commons Annual Secondment Awards 2004
Samantha Evans, of the Home Office, was the first civil servant to receive this award, given in recognition of the work carried out whilst on secondment with The Place2Be.

Samantha was with The Place2Be during 2003 and used our Croydon (formerly New Addington) hub as a case study.



Contact The Place2Be



If you would like to know more about our work
please contact us:

The Place2Be
Wapping Telephone Exchange
Royal Mint Street
London E1 8LQ

Tel: 020 7780 6189
Fax: 020 7481 1894
Email: enquiries@theplace2be.org.uk

Registered Charity No: 1040756
Company No: 287615

09.00 – 09.30
Registration and refreshments
09.30 – 09.40
Chair's opening remarks
09.40 – 10.10
Keynote Gill Frances, Director of Children's Development at National Children's Bureau Bullying: a new national perspective Windsor
10.10 – 10.40
Plenary Roger Marcon, Educational Consultant Winning the war on classroom behaviour Windsor
10.40 – 11.00
Plenary Bob Whittome, Managing Director, W3 Insights Pupil self-evaluation to improve behaviour and attendance Windsor
11.00 – 11.10
Questions from the audience to the keynote speakers
11.10 – 11.30
Coffee
11.30 – 12.30
(1) Seminar sessions
1A Bullying: meeting your legal and practical responsibilities Mark Blois & Amelia Wallington, Liability Team, Browne Jacobson Balmoral
1B Learning Mentors- accelerating progress Nikkola Daniel, Freelance trainer/ consultant St James
1C <i>Cancelled</i>
1D Conflict, resolution and anger management in the classroom Mike Fisher, Founder, British Association of Anger Management Windsor
12.30 – 13.30
Lunch
13.30 – 14.00
Plenary Professor Ken Reid, Swansea Institute of Higher Education Tackling Truancy and other forms of non-attendance Windsor
14.00 – 15.00
(2) Seminar sessions
2A <i>Cancelled</i>
2B Extended schools – the multi-agency approach Sue Alton, ContinYou Balmoral
2C Peer Support- how to make it work in your school or organisation Olivia Gibb, Trainer, Kidscape Windsor
2D Early intervention strategies: working in the primary environment Stephen Adams-Langley, Regional manager, ThePlace2Be St James
15.00 - 15.20
Coffee
15.20 - 16.20
(3) Seminar sessions
3A An inclusive approach to difficult behaviour- alternatives to exclusion. Case study Giles Bird, Head teacher, Kingsmead school Windsor
3B <i>Cancelled</i>
3C KS/ 3 transfer and transition- avoiding the 'dip' in behaviour and the onset of disaffection Jane Townsend, Whalley Range School Balmoral
3D How to effectively and legally restrain an unruly student George Matthews, Managing Director, Team Teach St James

Seminar 2D

Stephen Adams-Langley
Regional manager
The Place2Be

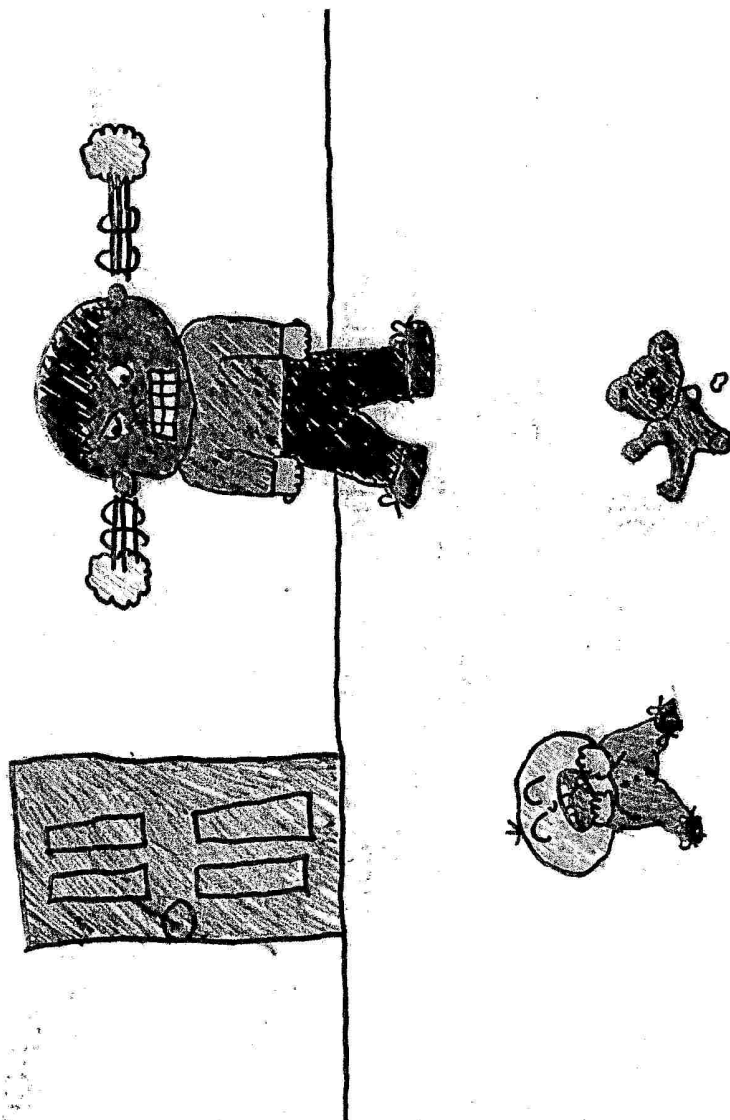
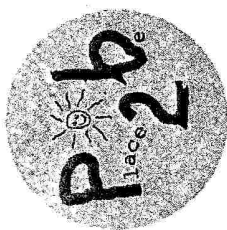
Early Intervention strategies: working in the primary
environment

14.00 – 15.00

Appendix 24

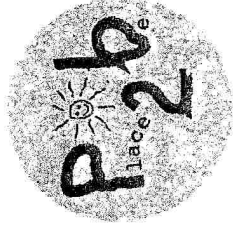
Supporting troubled, unhappy children in schools

The Place2Be



Awareness Presentation 2007

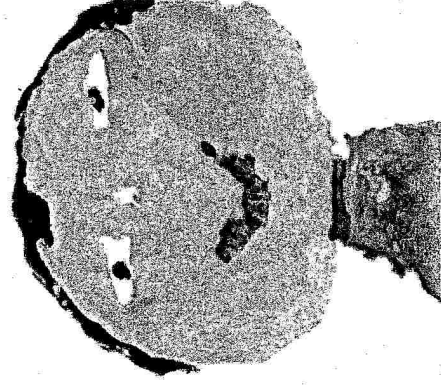
Helping primary school children deal with problems



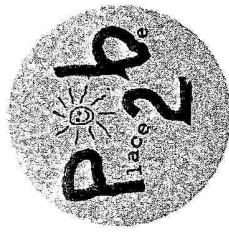
Founded in 1994 The Place2Be is an innovative, growing charity that gives children in primary schools a place where they can express their feelings through talking, creative work and play.

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Our Mission is to enable therapeutic and emotional support to be provided to children in schools based on a practical model backed up by research.



Effects of Untreated Mental Health Problems in Childhood

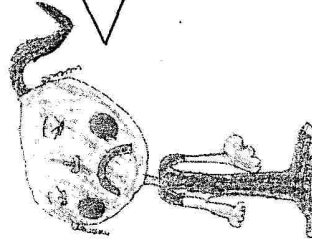


Research evidence shows there is a strong link between mental health problems in children and young people and an increased likelihood of:

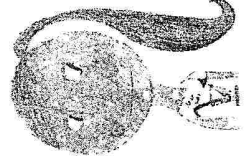
- Poor behaviour in school
- Low school achievement
- School exclusion
- Poor social relationships
- Involvement in crime
- Self-injury
- Drug and alcohol abuse
- Breakdown of family relationships
- Homelessness
- Teenage pregnancy
- Truancy
- Attempted suicide and suicide



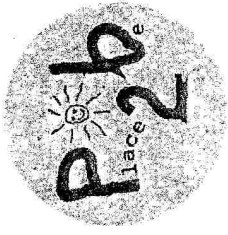
'I know a lot more about myself now I've been to The Place2Be. I get much less angry and manage to keep calm much more'



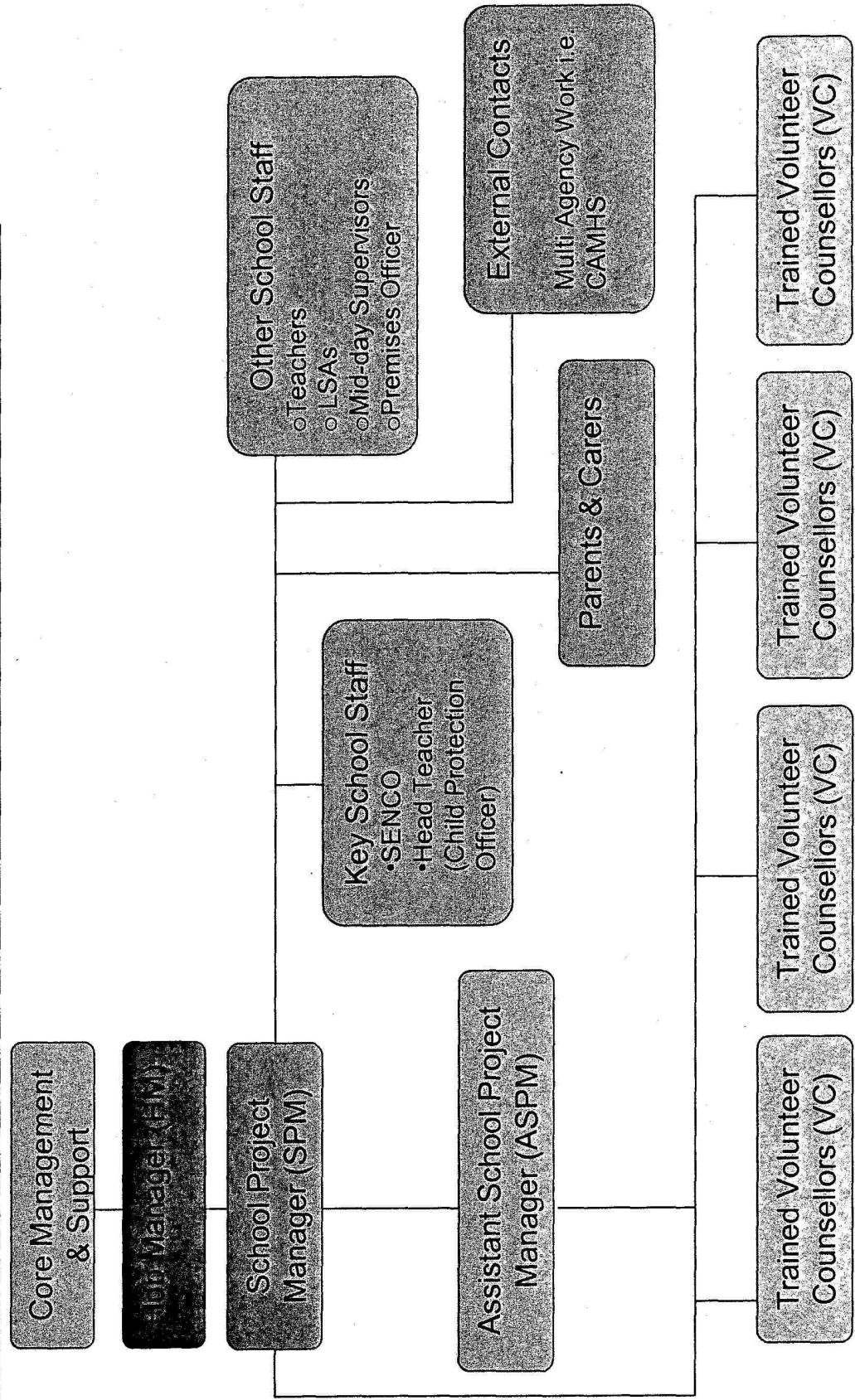
'It's good to tell. It does release you from what you've been hiding'

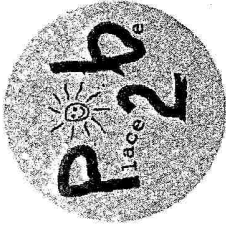


'I want The Place2Be to help me not to be so shy and to have some fun.'



School Structure

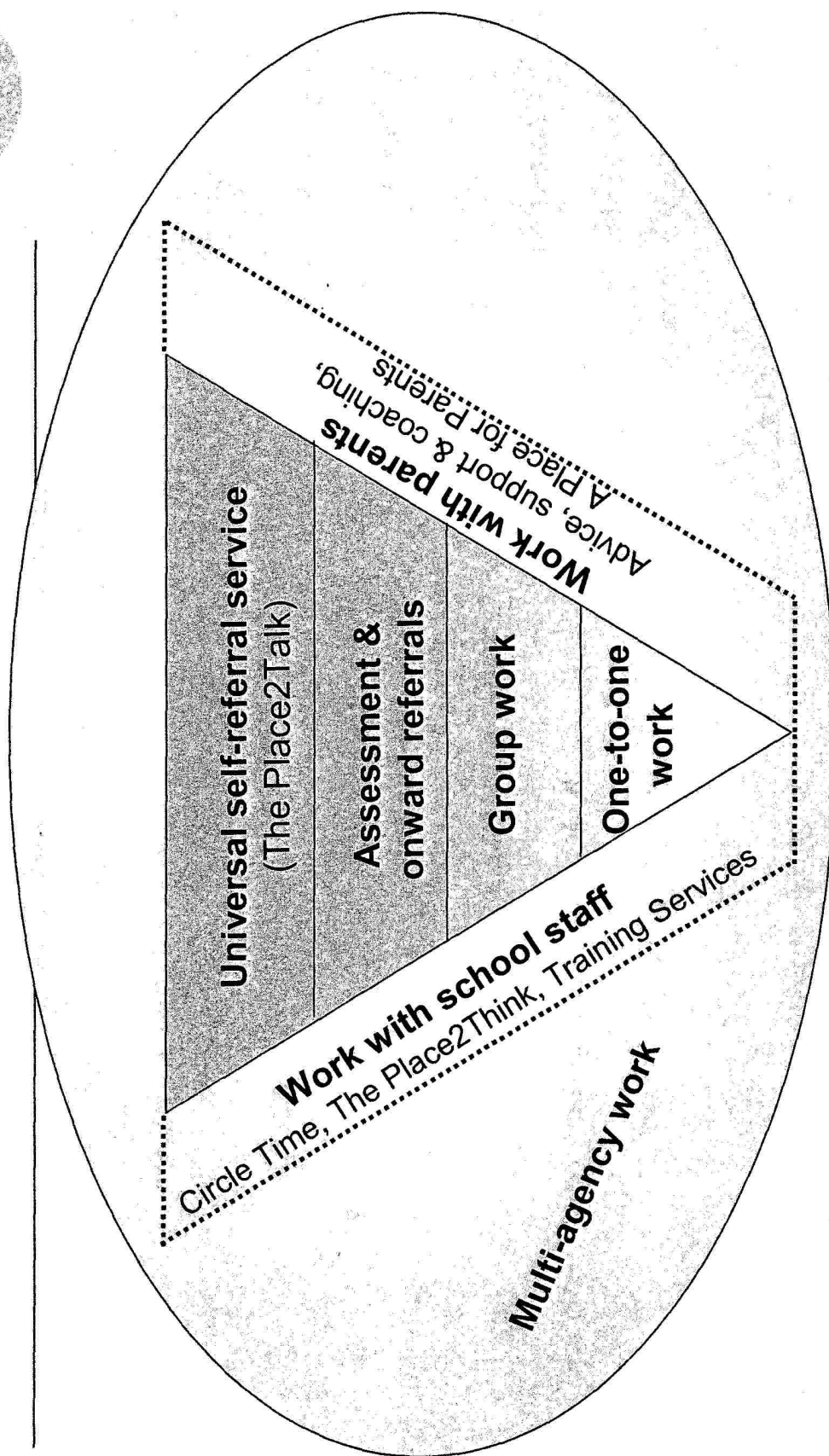
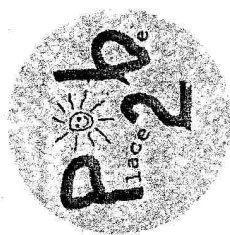




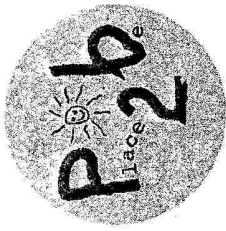
Why children come to The Place2Be

- | | |
|-------------------------------------|---|
| • Abuse | • Neglect |
| • Anger | • Parental illness, substance abuse, or criminality |
| • Anxiety | • Relationships with siblings |
| • Bereavement and loss | • Self-harm |
| • Bullying | • Socio-economic disadvantages |
| • Changes to family structure | • Transfer to new country |
| • Depression | • Transfer to new school |
| • Eating disorder | • Trauma |
| • Erratic and dangerous behaviour | • Underachievement |
| • Learning/communication disability | • Victims of war |
| • Loneliness | • Withdrawn behaviour |
| • Low self-esteem | |

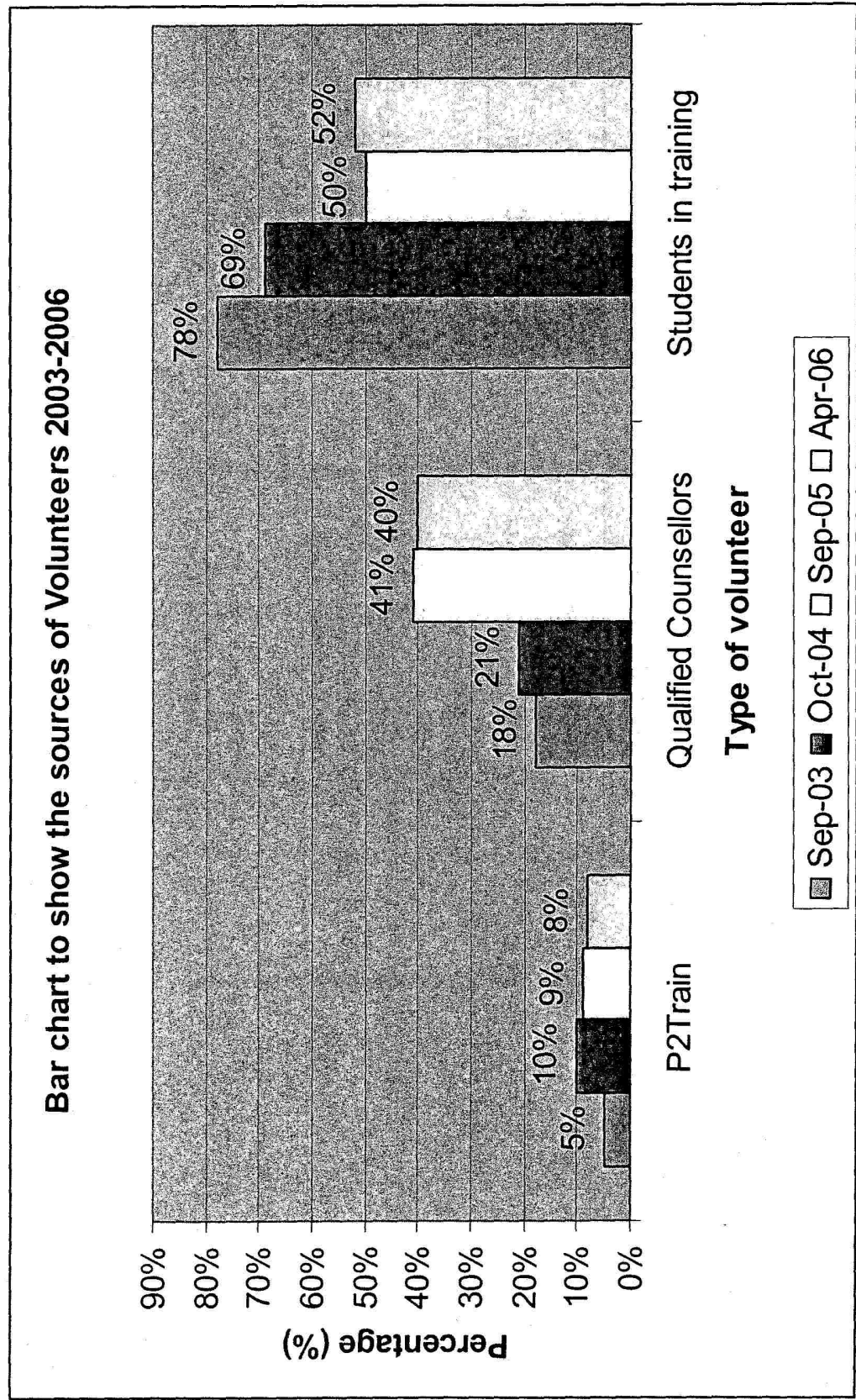
The work of The Place2Be



Provision of a wide range of services for children, their parents, school staff, acting as facilitator and integrated with work of other local agencies

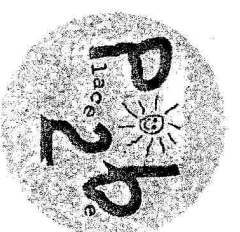


Where our Volunteers come from



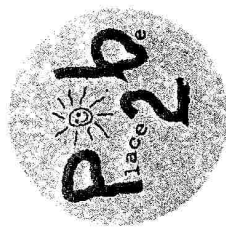
Source: P2B Volunteer Team May 2006

A sample day in the life of a P2B project



	School Project Manager	P2B Counsellor 1	P2B Counsellor 2
8.30am	Meeting with teachers		
9.00am	Meeting with parents	Collect child from classroom One-to-one session with child Return child to classroom	
10.00am	Weekly referral meeting with SENCO P2Talk appointments for children	Write-up of session notes (Staff room)	Collect child from classroom One-to-one session with child Return child to classroom
11.00am	P2Think with school staff	Collect child from classroom One-to-one session with child Return child to classroom.	Write-up of session notes (Staff room)
12.00	The Place2Talk (SPM Office)	Write-up of session notes (Staff room) & LUNCH	Collect child from classroom One-to-one session with child Return child to classroom
1.00pm	P2Talk notes write-up LUNCH (in staff room)	Collect child from classroom One-to-one session with child Return child to classroom	Write-up of session notes (Staff room) LUNCH
2.00pm	Meeting with parents	Write-up of session notes (Staff room)	Collect child from classroom One-to-one session with child Return child to classroom
3.30pm	Clinical Supervision	Clinical Supervision	Clinical Supervision
4.30pm	Supervision Notes write-up		

The Place2Be: Part of an integrative service



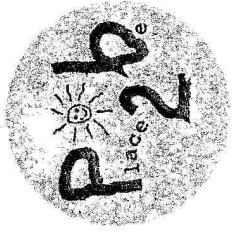
Working with teams in and around the school

- School staff teams: Headteachers, SENCO's, Teachers, Learning Mentors, Teaching Assistants....
- LEA & DfES
- Educational Psychologists
- BEST: Behavioural and Educational Support Teams
- BiP: Behaviour Improvement Programme
- Extended School Programme
- Healthy Schools Programme
- Excellence Clusters/ Excellence in Cities

Working with multi-agencies supporting children's well-being

- Department of Health
 - Primary Care Trusts
 - Local GP's/School Nurses
 - CAMHS
 - Social Services
 - Drug & Alcohol Action Teams
 - Teenage Pregnancy Units
 - Councils / Scottish Executive
 - Local Police
 - Parenting and Children's Funds
-

The Place2Be in Enfield



The Schools

Alma Primary
Bush Hill Park Primary
Chesterfield Primary
De Bohun Primary
Eldon Juniors
Garfield Primary
Honilands Primary
Suffolks Primary
Wilbury Primary

Our work in Enfield

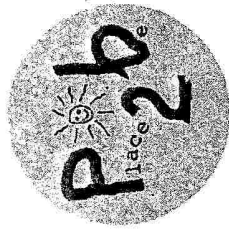
The Place2Be was established in Enfield in 1999

- Key multi-agency partners include Enfield Children's Fund & Enfield LEA

In 2005/6 The Place2Be in Enfield provided support to over 4,400 children and their families through....

- 3558 Place2Talk sessions, supporting 2812 children
- 2374 one-one sessions, supporting 159 children
- 58 group work sessions, supporting 49 children
- 914 hours work with school staff
- 238 hours work with parents
- 80 hours with external agencies

Our range of Training Programmes and their key benefits



P2B-based programmes

- Volunteer counsellor programmes
- The Place2Be Training
 - 1 day training
 - 3 day accredited course
 - 7 day accredited course

School-based training

- The Place2Learn for School Staff
 - Teachers
 - Teaching Assistants
 - SENCOs
 - Learning Mentors
 - Mid Day Supervisors

Stronger communication skills

- Course provides an opportunity to try new approaches
- Greater confidence to use existing skills

New approaches and strategies

- Practical ways to handle complex situations

Emotional literacy

- Greater understanding of your own reaction to a situation
- The reasons for and behind children's behaviour

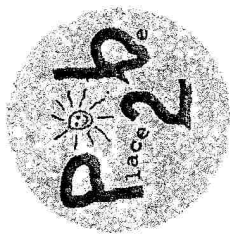
Course certification

- OCN certification of work
- Self-esteem and confidence

Better team work within the school

- Strengthened Teacher : Teaching Assistant relationship
- Staff motivation and morale

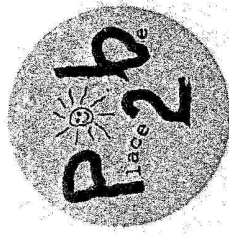
The Place2Be & Every Child Matters



Children and young people.....				
Be healthy	Stay safe	Enjoy and achieve	Make a positive contribution	Achieve economic well-being
<p>Are physically healthy</p> <p>Are mentally and emotionally healthy</p> <p>Are sexually healthy</p> <p>Live healthy lifestyles</p> <p>Choose not to take illegal drugs</p>	<p>Are safe from maltreatment, neglect, violence and sexual exploitation</p> <p>Are safe from accidental injury and death</p> <p>Are safe from bullying and discrimination</p> <p>Are safe from crime and anti-social behaviour in and out of school</p> <p>Have security, stability and are cared for</p>	<p>Are ready for school</p> <p>Attend and enjoy school</p> <p>Achieve stretching national educational standards at primary school</p> <p>Achieve personal and social development and enjoy recreation</p> <p>Achieve stretching national educational standards at secondary school</p>	<p>Engage in decision making and support the community environment</p> <p>Engage in law abiding and positive behaviour in and out of school</p> <p>Develop positive relationships and choose not to bully and discriminate</p> <p>Develop self confidence and successfully deal with significant life changes</p>	<p>Engage in further education, employment or training on leaving school</p> <p>Are ready for employment</p> <p>Live in decent homes and sustainable communities</p> <p>Have access to transport and material goods</p> <p>Live in households free from low income</p>
Parents, carers and families...				
Promote healthy choices	Provide safe homes and stability	Support learning	Promote positive behaviour	Are supported to be economically active

Quality Assurance:

How do we know our service is effective?



Strict recruitment protocols

- Qualification and training requirements for volunteers
- Structured interviewing process
- CRB and reference checks
- Volunteer introductory training (mandatory)

Close supervision

- Weekly supervision for all volunteers
- SPM/Hub Manager model

Referral and assessment procedures

Operational reviews

- Senior management annual review of Hub
- School termly review
- Operational data

Hub Steering Groups

The Place2Be Quality Committee

Qualitative feedback on the work

- Strengths & Difficulties Questionnaire
- "Children's Voices" - feedback from children
- Feedback from trainees
- Feedback from head teachers
- Feedback from parents
- External reviews (e.g. Ofsted)

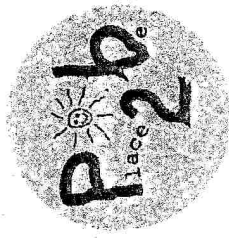
Quantitative analysis of outcomes

- Annual Clinical Audit
- Monthly reporting on activity

School Review Process

- Annual review with headteacher / SENCO
- Six monthly hub review


Our Work Recognised



The Place2Be's work has been recognised by the following Awards:

Highly Commended in **The Mental Health Awards 1998** - Department of Health Voluntary Sector Award

Children's Champion 2000 - Awarded to Benita Refson, Chief Executive of The Place2Be

 Winner of The **Guardian Charity Award 2000**

Highly Commended by **Mental Health Europe** - the European Regional Council of the World Federation for Mental Health

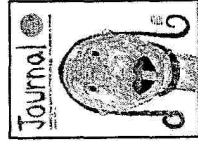
Highly Commended in **The Charity Awards 2002** – Children and Youth Category



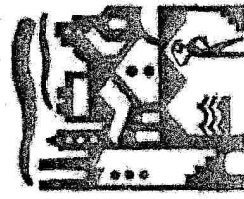
House of Commons Annual Secondment Awards 2004

Samantha Evans, of the Home Office, was the first civil servant to receive this award, given in recognition of the work carried out whilst on secondment with The Place2Be Croydon hub in 2003.

Charity and Public Service Publishing Awards 2004
our Journal was named Charity Magazine of the Year



Liveable City Awards 2005 Winner 'Access to goods and services for disadvantaged communities'
Sponsored by the Worshipful Company of Pattenmakers and supported by the Bridge House Trust

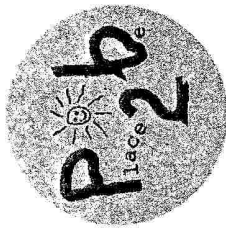


"The Place2Be should be congratulated for achieving so much in such a tough environment, and in doing so, setting an excellent example for others to follow." - Jonathon Porritt, leading environmentalist



Beacon Fellowship 2004 – our Chief Executive, Benita Refson, was short-listed for a Beacon Prize in the category of Leadership (awarded to Bob Geldof)

What children say about The Place2Be

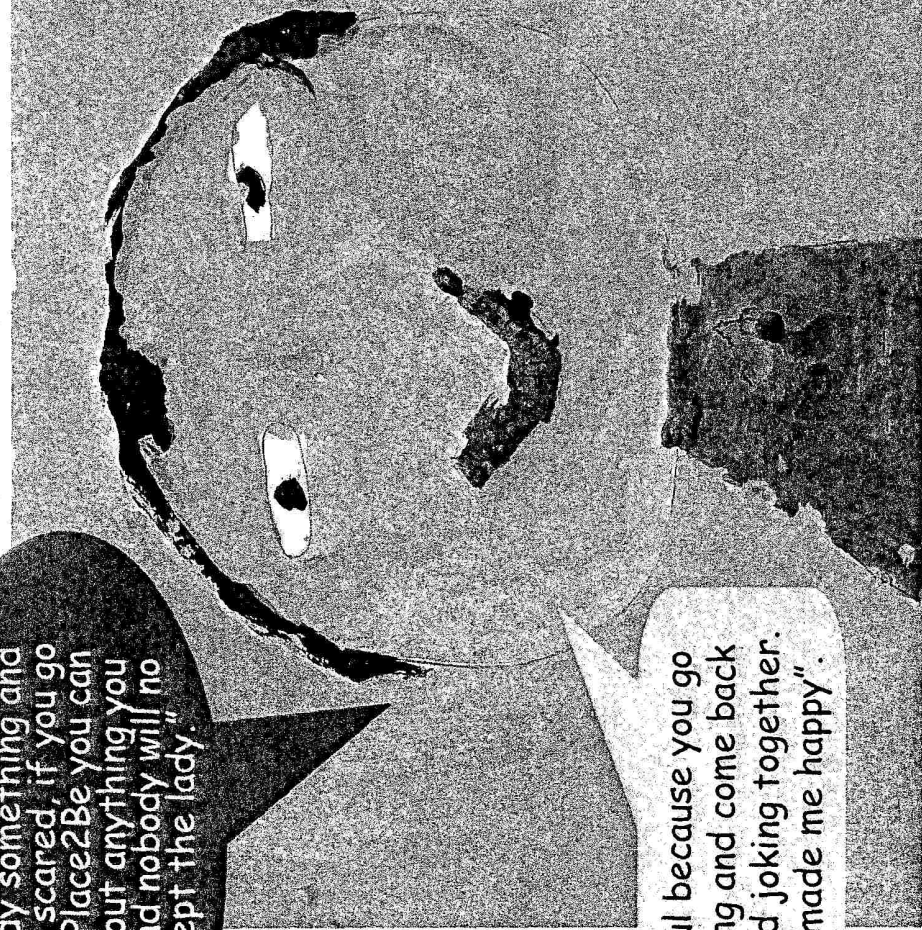


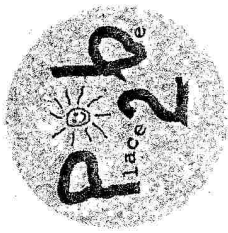
"when you want to tell somebody something and you feel scared, if you go to The Place2Be you can talk about anything you want and nobody will no except the lady."

"I think Place2Be is helpful because it Makes us moor calmer and is good to talk to you. You can sort it out and be friends. If P2B didn't work it would just keep carrying on."

"I think Place2Be is good because it sorts things out so you feel safe at school and gives you suggestions about your problems."

"its helpful because you go like fighting and come back laughing and joking together. You have made me happy".





Contact The Place2Be

If you would like to know more about our work please contact us:

The Place2Be
Wapping Telephone Exchange
Royal Mint Street
London E1 8LQ

Tel: 020 7780 6189

Fax: 020 7481 1894

Email: enquiries@theplace2be.org.uk

Registered Charity No: 1040756
Company No: 287615

Appendix 25



Policy and Procedure on Clinical Note-taking

1. Introduction - Why take notes? What to record and what not to record

As part of our professionalism and quality assurance procedures we require a formal and official record of all work carried out with children at The Place2Be. This record reflects the organisation's clinical responsibility for all work carried out within The Place2Be – either by The Place2Be staff or volunteers.

The Child Case Work File is the official record for the work with children and is made up of the following sets of notes:

- Paper work from the referral and assessment process which is drawn up by the School Project Manager
- Formal supervision session notes, also drawn up by the School Project Manager

Supervision notes or session notes drawn up by a Place2Be Counsellor (sometimes referred to as 'process notes') do not form part of The Place2Be Child Case Work File.

This policy and procedure refers to all data (both paper and electronic) and is designed to provide clarification for The Place2Be staff and volunteers on preparing and maintaining records.

2. Paperwork from the referral and assessment process

Current paperwork comprises of:

- | | |
|---|---|
| 1. Case Information Form | 9. The Place2Be Assessment Sheet |
| 2. Coding Sheet Ethnicity and Family Language | 10. Teacher SDQ Form: Pre |
| 3. School Assessment Form | 11. Parent SDQ Form: Pre |
| 4. Pre-intervention School Concerns Form | 12. Child SDQ Form: Pre |
| 5. Post-intervention School Concerns Form | 13. Teacher SDQ Form: Post |
| 6. Parent Interview Form | 14. Parent SDQ Form: Post |
| 7. Parental Consent Form (one-to-one work) | 15. Child SDQ Form: Post |
| 8. Parental Consent Form (group work) | 16. The Place2Be and The Place2Talk Register (electronic form only) |

The content of the paperwork may vary and may include pilot documents.

3. Formal supervision session notes

Following each supervision session with a Place2Be Counsellor the School Project Manager should draw up formal supervision notes. These should be a factual, reliable and accurate report of the session. They should not hold any interpretative material and should capture the following:

- A concise record of the themes/actions of the session with the child
- The learning outcomes and recommendations for the counsellor and strategies to follow in the next session with the child

A template for formal supervision session notes can be found following the section on supervision in The Place2Be and should be used by School Project Managers. The first two sections, 'Themes of session' and 'Materials used', should be filled in by The Place2Be Counsellor prior to the supervision session. The last section, 'Supervision comments', should be filled out by the School Project Manager at the end of the session.

These notes are to be kept by the School Project Manager and stored in a lockable cabinet in the School Project Manager's office. While their content is clearly sensitive, these notes are not, however, confidential and should be made available to The Place2Be Counsellor, Hub Manager, members of The Place2Be Senior Management Team or college tutor where appropriate. They should be kept for three years, from the date of case closure, in line with BACP Ethical Framework for Good Practice¹. The School Project Manager is responsible for their shredding and appropriate disposal at the end of the three-year period.

4. The Place2Be Counsellor session process notes

Session or process notes written by a Place2Be Counsellor are private notes and are not required by The Place2Be. They do not form part of the official Child Case Work File. These notes are usually made to support the counsellor's thinking in the clinical process. In some cases the notes may be used by the counsellor to inform the writing of college or clinical papers; however, this should be discussed in advance with the School Project Manager and consent gained following the standard The Place2Be procedures. The Place2Be Counsellors should make their own arrangements with the School Project Manager for safe and confidential storage.

Any session or process notes taken by The Place2Be Counsellor should be in accord with The Place2Be confidentiality and anonymity guidelines in order to protect the identity of the client and family. The School Project Manager does not have access to or a copy of these notes. We recommend that counsellors shred these notes at the end of the clinical casework.

5. Disclosure and confidentiality

The Child Case Work File should be available to a parent, carer or child upon written request. Release to a third party should only be undertaken following written consent from the parent or carer. The Head teacher of the school should be informed if such a request is made. This should also be discussed with your Hub Manager.

The Child Case Work File reflects the School Project Manager's (and The Place2Be's) accountability for the work of The Place2Be Counsellor while working with children in The Place2Be. It may be used to inform discussions with college tutors, clinical managers, any potential legal case or disputes, disciplinary or grievance procedures, appraisals and/or references.

In Child Protection cases The Place2Be Child Protection Guidelines will supersede this policy. In such cases, it is the responsibility of the School Project Manager to transfer the Child Protection material to a standard The Place2Be Child Protection Form.

¹ BACP Ethical Framework for Good Practice April 2007

Appendix 26

Charity assessment: August 2009

Research project: Education
Analyst: John Copps

The Place2Be

SUMMARY

The Place2Be is an excellent organisation, notable for the strength of its model, the high quality and measurability of its results, and the demonstrable impact its work has on the lives of the young people it helps. The charity's commitment to quality of service and to sound infrastructure has underpinned its rapid growth over the last few years, and it is well placed to meet new government targets for the roll-out of children's mental health services.

The case for donations

Unrestricted private funding could help the charity, by supporting the development of its infrastructure, providing training for clinical staff, and improving IT to support volunteer recruitment, training, research, fundraising and distance learning.

Risks

The Place2Be's services are effective and well managed. It has good evidence that its work delivers significant results, and its financial position is quite secure. It is, however, vulnerable to changes in the statutory funding environment, and to possible competition from more well known children's organisations if they begin to deliver mental health services in schools.

Assessment on NPC grading grid

Area of analysis	Grade	Comment
<i>Activities</i>	Excellent	The leading charitable provider of emotional health services for children. The Place2Be addresses a wide range of issues affecting them—parental separation, bereavement, bullying—without which they would be at risk of falling behind and disengaging from the education system.
<i>Results</i>	Excellent	Sophisticated system for measuring outcomes, using the Goodman SDQ tool. Collection of data allows comparison between branches, pinpointing areas of strength and weakness, quality management across the charity. Service highly valued by schools; enthusiastic feedback from children.
<i>Leadership</i>	Excellent	Inspiring and charismatic leader in Benita Refson, who leads a good team, competent and enthusiastic and with a range of skills and experience. Supported by good board of trustees.
<i>People and resources</i>	Excellent	Wide range of services—including drop-in, appointments for individuals, work with teachers and parents—makes efficient use of workers' time. Volunteer counsellors assets to school system, and there is clear progression from volunteer to project and then branch manager.
<i>Finances</i>	Excellent	Finances well managed: income growing steadily, as is the proportion of non-statutory funding. Reserves comfortable at five months' worth of spending. Locally, every branch has its own budget and financial targets.
<i>Ambition</i>	Excellent	Good track record of growth, and aims to open more branches, though is realistic about expanding during a recession. Strategy for expansion practical, depending on securing three years' initial funding for new branch. Excellent fundraising for relatively small charity, many supporters.

History, vision and purpose

The Place2Be was founded in 1994 in response to a growing awareness of the importance of children's mental health issues, and the need to provide support services to young people. From its early days it recognised the importance of high quality counselling within the school environment, and also the need to support its work with evidence-based evaluation and impact monitoring. Beginning in one school in south London, it has since expanded its services to 155 schools in 17 regional hubs.

Its mission is to give children in schools access to professional counselling which can provide help, support, and early intervention. It believes that good mental health, and the chance to talk about worries or difficulties in a comfortable and welcoming environment, are vital to children's development, a view increasingly shared by the government in recent years. The charity aims to continue growing its range of services and expanding its reach to improve the lives of as many children and families as possible; also committed to analysing the impact and demonstrating the success of its work, and the benefit to children, families, schools, and society.

The need and response of The Place2Be

One child in ten in the UK suffers from a diagnosable mental health problem. Many others have behavioural issues: around 70,000 pupils play truant from school every day, and around 10,000 students are permanently excluded from school every year, with persistent disruptive behaviour one of the most frequently cited reasons for exclusion. Children of primary school age are extremely vulnerable to a range of difficulties which may affect their development and quality of life, from mental health and behavioural issues to troubled home lives and bullying. Many have to deal with domestic violence or substance abuse in the home. Others simply lack any relationship with responsible adults to whom they can go for advice or to talk about their worries.

Children with nowhere to turn feel they can do nothing but suffer in silence, and the emotional and personal baggage they bring to school with them can be seriously damaging to their development, their education, their mental health, and their quality of life. Failure to address these difficulties comprehensively and at an early age may mean that they spiral out of control: it is estimated that 80% of children with behavioural problems at the age of five will, without intervention, develop more serious anti-social problems later on in adulthood. There is a clear need for early and effective intervention and provision of emotional support to young children and families, and for education and training of teachers in mental health and behavioural issues.

The Place2Be has pioneered the provision of therapeutic counselling and emotional support services in primary schools. Its work ranges from one-to-one counselling to a self-referral drop-in service, and gives children access to counsellors based permanently within their own schools, who can give them the support they need. It also works with parents and teachers to make sure that young people's emotional and mental health needs are understood, so that children can get help, and feel they are being understood and listened to. And A Place for Parents provides one to one support to parents and carers.

Results

The charity systematically tracks and collates results across all of its services, and has an impressive record of demonstrating success. The evidence it gathers shows demonstrable improvements in the emotional well-being of children who use its services, and the knock-on effects of this upon school communities. It now aims to renew its focus on analysing the costs and benefits of its work, to measure the social value it generates.

Key facts

£m, y/e March	2007	2008	2009e
Income	4,370	6,012	6,527
Expenditure	3,963	5,049	6,096
Reserves (months)	5	5	5
Staff (fte)	95	112	136
Volunteers	400	405	480

Chief executive: Benita Refson OBE; Chair of trustees: Michael Fowle CBE

ANALYSIS

Activities

Overview

The Place2Be provides emotional support and therapeutic counselling services to children at primary schools across the UK—in 2007/2008 to schools with a population of 41,000 children. It also works with parents, and provides advice to help teachers cope with young people's mental health needs. It employs high calibre staff, insisting on rigorous training—all staff must be qualified counsellors—and has many applications for its jobs. NPC believes that The Place2Be's range of services offers a high standard of support to vulnerable children and their families. Services are well organised and integrated into schools, where they are much valued.

The Place2Be offers five different services for children, their families and teachers within schools:

- **The Place2Talk** (15,000 children supported in 2007/2008): a self-referral drop-in service for children where they can discuss whatever is worrying them. Each school has a dedicated Place2Talk room, designed to make the service a fixed and visible component of the school.
- **One-to-one work** (1,855 children supported in 2007/2008): for children who are referred to The Place2Be's counsellors. Children may self-refer, or be referred by parents, teachers, Special Educational Needs Coordinators (SENCOs), or via The Place2Talk.
- **Group work** (489 children supported in 2007/2008): groups usually consist of between six and eight children, and run for eight sessions over the course of one school term.
- **A Place for Parents** (256 parents supported in 2007/2008): a service for parents, giving advice and emotional support on parenting issues. Parent services are currently provided in eight of the hubs.
- **The Place2Think** (2,150 hours advising professionals): a service giving teachers advice on young people's emotional support needs. The Place2Think also aims to enhance the working relationship between teachers and The Place2Be's workers in schools.

The Place2Be's services are delivered within schools by School Project Managers (SPMs), supported by volunteer counsellors. SPMs are paid, qualified, clinicians, and volunteer counsellors have completed or are undergoing clinical training, and commit to a minimum of one day's work each week for a year. Schools hosting services are required to sign a contract with The Place2Be and to make financial and operational commitments to supporting its work, including provision of a dedicated Place2Talk room in the school.

All of The Place2Be's services to children require parental consent, on an opt-in basis for one-to-one and group counselling, and an opt-out basis for the drop-in facility.

A child's journey through The Place2Be

The Place2Talk is the most informal of The Place2Be's services, and sees the largest number of children. It operates as a drop-in facility in schools, to which children can come and discuss whatever is troubling them, and receive support and advice. Children may use The Place2Talk once or many times. Often this is enough.

Where children need more attention and resources, they may be referred on to The Place2Be's one-to-one or group counselling sessions, usually by their teachers. During the sessions the counsellors aim to develop a close relationship of trust with children, and help them to discuss and address their difficulties using techniques which range from conversation and play to drama and art therapy. For some children only a short period of counselling is required; with others the charity does longer-term work. In the regional hubs where A Place for Parents operates, this may take place alongside child counselling. NPC believes that the counselling services of differing degrees of intensity form a good model to cater for a range of children's emotional needs.

Work with parents and teachers

The Place2Be's work with parents, A Place for Parents, is also run through schools. The parents of children being seen by The Place2Be can self-refer to A Place for Parents if they are having difficulty coping with their children, or need advice on parenting or on their own emotional health and well-being. The charity has found that parents report feeling much less stigma coming to their children's schools to access help than they would going to specialist support services elsewhere. The fact that The Place2Be is embedded within the familiar school environment seems to make parents more likely to seek help.

SPMs also provide support for teachers. Formally, this consists of The Place2Think, a scheme in which SPMs hold regular consultation sessions with school staff. More informally, because SPMs are a part of schools' teams, they are on hand to give advice on dealing with children with behavioural and mental health problems.

Through A Place for Parents and The Place2Think the charity is demonstrating a commitment to the wider context of young people's emotional support, and to tackling some of the root causes of childhood behavioural and mental health problems. NPC believes that this combined approach improves relationships between children, parents, and teachers, and that these relationships are themselves crucial to children's well-being.

The hub structure

The Place2Be's work is delivered in 17 regional hubs (in Blyth, Brent, Burnley, Cardiff, Croydon, Durham, Edinburgh, Ealing, Enfield, Greenwich, Harlow, Leeds, Manchester, Medway, Nottingham, Southwark and Wandsworth). Hubs vary in size but typically have one hub manager, seven or eight SPMs and 35 volunteer counsellors. NPC believes that this structure is a good way of managing a large and diffuse organisation. Currently in 155 schools, it is aiming to expand to 190 by 2010, in Scotland as well as in England and Wales.

Staff

The Place2Be employs 188 staff, with a further 480 volunteers. Each school has a dedicated SPM assisted by four volunteer staff, who become a permanent and visible part of school life, especially through the Place2Talk drop-in room. SPMs are qualified counsellors, with volunteer counsellors on one-year clinical placements committing to one day's work a week for that year. All volunteers must be qualified clinicians or advanced trainees, typically in the second year of diploma-level counselling training. NPC believes that the exclusive use of qualified staff and staff in training provides a good guarantee of quality of service.

Training for The Place2Be's staff

The Place2Be's paid therapeutic staff undergo a course of specific training before they begin working for the charity. This is designed to tailor their existing clinical training more closely to work with children. All volunteers attend a two-day introductory workshop on working with children as well as eight professional development modules throughout the year. The charity also provides foundation-level external training in therapeutic counselling. The training programme is accredited by the Open College Network. In September 2008 The Place2Be launched a Diploma and Masters' courses accredited by the University of East London.

The Place2Be's accredited training programme teaches the basics of children's counselling using the charity's own model. The foundation course is consistently at capacity, and the Masters programme was heavily oversubscribed for its first year. The charity's training workshops were initially provided for free but have successfully transferred to a fee-paying basis, which together with the high level of demand for courses is indicative of their popularity. It also secures their future, as they are largely self-financing.

Risks to activities

NPC believes that the charity's use of professional and trainee clinicians to deliver all its services, alongside the quality control checks in place in their recruitment and ongoing work, represents an effective management of the risks associated with working with children's mental health. The main risk inherent in the model is the continuity of service: in part financial but also in terms of staff retention.



Results

Overview

The Place2Be uses standardised quantitative measures for its work with children and parents. In 2007/2008, 71% of children (according to parents) and 92% of parents demonstrated increased well-being after help from the charity. The Place2Be is committed to ongoing, evidence-based evaluation of its services, and its evaluation system is among the most impressive that NPC has seen.

Assessment

Results culture

The charity has been committed to evidence-based evaluation since it was set up in 1994. Its research programme was developed during a three-year prototyping period from 1995 to 1998, funded by BT and carried out by the Royal Free Hospital. Thanks to this early commitment, the charity has one of the most impressive suites of data analysis methods that NPC has seen. To ensure the broad usefulness and applicability of its data, it uses standard clinical assessment tools to gather results: the Goodman Strengths and Difficulties Questionnaire (SDQ) for its work with children, and the Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM) for its parent work.

SDQ data is collected for children attending one-to-one and group counselling. The SDQ is filled out by the parent, teacher (or SENCO) and by children themselves, before and after counselling. On the basis of the questionnaire each child is assigned to a standard clinical category (Normal, Borderline, or Abnormal) for social behaviour and emotional well-being, which allows for comparison with the general population. By comparing this data, the charity can measure the impact and effectiveness of its work, seeing the change in each child's pre- and post-counselling SDQ scores. Impact is presented by school, by hub and nationally.

The CORE-OM tool is used to gauge the emotional well-being of adults using A Place for Parents. Parents complete a questionnaire at the beginning and the end of their time with the service. The data is compared to see if there has been any change in well-being.

The Place2Be supports this quantitative data-gathering with qualitative surveys, recording the thoughts, feelings, and feedback of parents, teachers, and the children themselves, in order to understand the stories which the figures reflect. The charity is planning to produce its first ever impact report in autumn 2009.

The Place2Talk

Users of The Place2Talk drop-in service represent the majority of service users (over 15,000 in 2007/2008). An electronic monitoring system is employed to count the number of children accessing the service. A national evaluation between spring 2006 and summer 2008 surveyed 1,962 children from Year 4 (age 9) and above in 26 schools, as well as 406 teachers, to gauge their experience of the service.

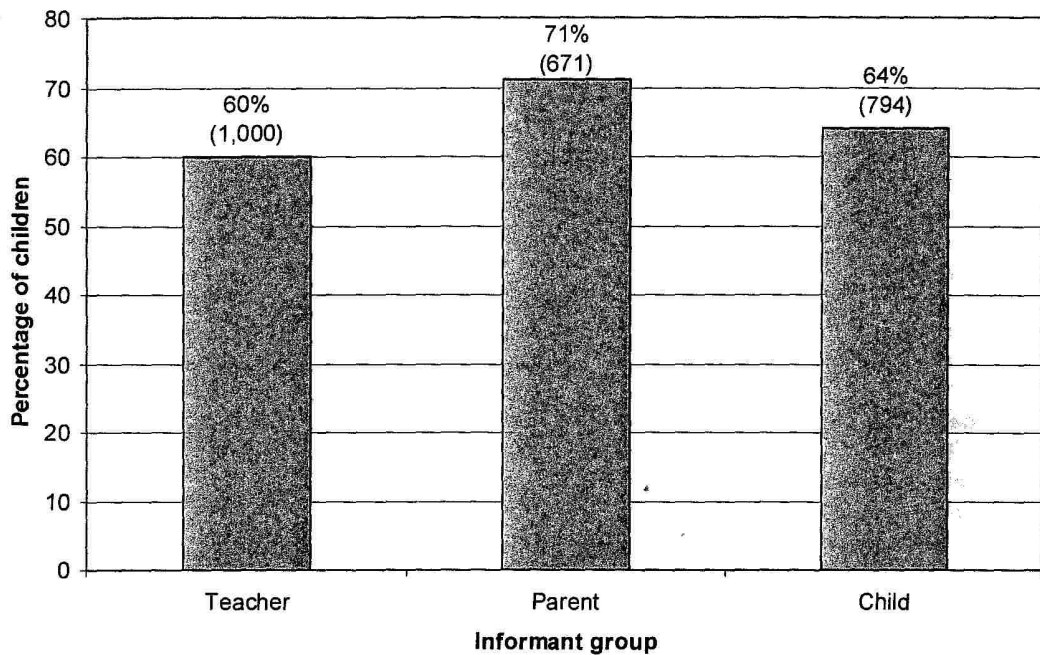
Of the 1,946 children that responded to the questionnaire, 63% (1,220 children) had attended The Place2Talk once or more since starting school. However, a much larger proportion of children (41%) had accessed the service five times or more. Sixty six per cent of the children using the service found it to be 'very helpful', and 24% found it 'a bit helpful'.

Sixty eight per cent of school staff also reported noticeable benefits within the school environment as a result of The Place2Talk. This qualitative evidence is a good indicator of its perceived success. These surveys are now being used systematically by The Place2Be to evaluate the impact of The Place2Talk.

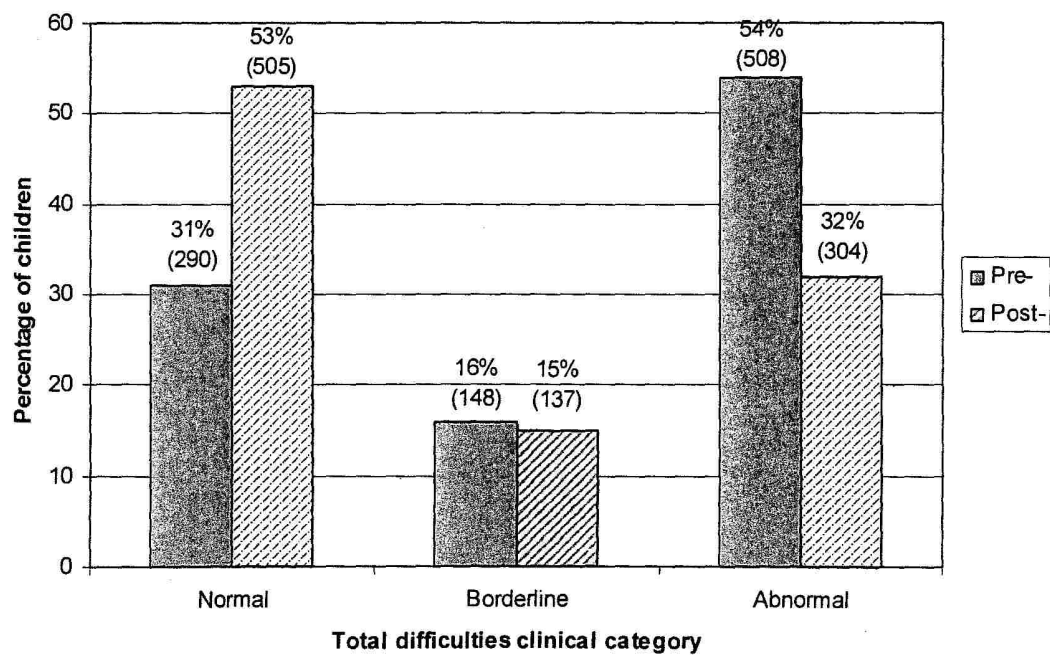
One-to-one and group counselling

The results for children accessing one-to-one and group counselling services in 2007/2008 demonstrate the success rate of these services:

Percentage (and number) of children who showed improvement in Total Difficulties scores post-intervention, by informant



Percentage (and number) of children by parent-rated Total Difficulties clinical category, pre- and post-intervention



A Place for Parents

The Place2Be also conducts an annual audit of its work with parents, using the CORE-OM tool to gauge the emotional well-being before and after counselling of the parents who access its services. In 2007/2008, 92% of parents showed increased emotional well-being.

The Place2Be has a strongly results-orientated culture, and a desire to keep improving its techniques for gathering and analysing data. In March 2008 it recruited a Business Impact Analyst, whose brief is to begin work to transform the results that The Place2Be collects into data that can be expressed in financial terms, such as cost-benefit analyses which can be used to make the business case for the charity's services to donors and funders.

Levels of evidence

Evidence: level and description	What it is showing	Comment
<p>Systematic outcome measurement:</p> <p>The Place2Be uses the Goodman Strengths and Difficulties Questionnaire (SDQ), a standard diagnostic tool for measuring emotional well-being and social behaviour, to evaluate its one-to-one and group counselling work.</p> <p>It uses the CORE-OM clinical questionnaire to evaluate its work with parents.</p> <p>Data is gathered before and after intervention by The Place2Be, and results compared.</p> <p>A questionnaire is used to gain qualitative and quantitative data on The Place2Talk drop-in facility.</p> <p>The Place2Be collates its data systematically, allowing sophisticated and consistent results measurement across the organisation.</p>	<p>The data that The Place2Be currently collects shows demonstrable improvement in emotional well-being in the majority of children accessing its one-to-one and group counselling services (71% in 2007/2008, as rated by parents).</p> <p>92% of adults accessing counselling showed an increase in emotional well-being.</p> <p>90% of children who visited The Place2Talk found it 'a bit' or 'very helpful'.</p>	<p>The Place2Be has an impressive record of systematic outcome measurement and a sophisticated suite of tools for demonstrating its impact. It is now working on expressing these results in financial terms more effectively.</p> <p>The increasing use of standardised assessment tools allows for comparison with other mental health services. As yet it is difficult to compare the impact of the adult and child services due to the different outcome measures used.</p> <p>The Place2Be's evaluation system has the potential to act as a model for the CAMHS sector.</p>
<p>Evaluation research: past</p> <p>The Place2Be carried out an assessment of its counselling services and evaluation tools from 2004 to 2007, funded by the King's Fund. The assessment was done in part by the charity but also by academics from King's College London.</p>	<p>Overall the study confirmed the effectiveness of The Place2Be's existing services. It also formed the basis for the new evaluation system for The Place2Talk which the charity is rolling out, and included early data on attempts to analyse the impact of counselling on academic achievements.</p> <p>The study did not meet two of its aims: showing the strengths and weaknesses of interventions, and identifying factors impacting upon their effectiveness.</p>	<p>This study seems to have been more a collation and overview of methods and results than an evaluation of the techniques themselves. It is slightly unclear what this evaluation adds to The Place2Be's already impressive results measurement, since it shows where the charity is effective or not more than it gives reasons why or suggestions for improvement.</p>

Evidence: level and description	What it is showing	Comment
<p>Evaluation/research: future</p> <p>The charity wants to do more evaluation of the strengths and weaknesses of its interventions and the factors affecting results. It also wants to trial stakeholder involvement methods to get service users more involved in evaluation. It also plans to evaluate the quality of its training.</p>	<p>If successful, these could give a clearer picture of the role of The Place2Be in improvements to children's well-being, behaviour, and achievement.</p>	<p>The Place2Be's ongoing efforts to improve its self-evaluation, and to involve external evaluation, are a model of good practice for the sector.</p>
<p>Demand:</p> <p>The Place2Be's services are demanded by schools and paid for by local authorities, schools and voluntary income. Training courses are in demand from individuals and schools.</p>	<p>The charity's rapid growth demonstrates the extent of demand for its services. It now charges fees for its training courses, which are in high demand.</p>	<p>The nature of demand for The Place2Be may change as the funding structure for CAMHS services changes, especially once the Children's Fund is devolved to local authorities from central government.</p>
<p>Client feedback:</p> <p>Qualitative feedback is gathered alongside the quantitative data that The Place2Be collects from its users. Children, teachers, and parents are asked to assess their experience of The Place2Be's services and impact.</p> <p>The Place2Be actively collects anecdotal feedback from its users to try to find the stories behind the data.</p>	<p>Feedback has been very positive across The Place2Be's range of services, with nine out of ten users finding the services helpful or very helpful. Some comments:</p> <p><i>'The Place2Be helped my son improve at school and at home.'</i></p> <p><i>'The Place2Be is an essential part of life at our school—not a luxury.'</i></p>	<p>The Place2Be is keen to involve stakeholder feedback more systematically in its evaluation of services. At present it forms an addition to, rather than a core part of, systematic evaluation.</p>
<p>Charity's logical model/experience:</p> <p>The Place2Be's work is based on the belief that early intervention in children's mental health and behavioural issues can be effective in addressing them and preventing deterioration. It believes that placement of counselling services within schools makes children feel more comfortable accessing them.</p>	<p>Research into the causes of serious mental health problems in adults indicates that this is accurate. Client feedback also bears out the success of the model.</p>	<p>Long-term data on the impact of mental health interventions is hard to gather, but what there is seems to support The Place2Be's conviction. The belief in the need for in-school services is not scientific but has a common-sense basis.</p>
<p>NPC logical model:</p> <p>NPC has visited The Place2Be and investigated its working practices and results in detail.</p> <p>NPC's research bears out the effectiveness of its services.</p>	<p>NPC has been highly impressed with The Place2Be's work and its results. The charity is well organised, passionate about its work, and able to articulate its results clearly.</p>	<p>This represents NPC's impression of the charity only. However, combined with the results this simple logical model is very persuasive.</p>

Risks to results

NPC believes that the risk of The Place2Be achieving poor results is quite low, and its systematic approach to evaluation means that it is able to monitor its results effectively.

Finances

Overview

Finances at The Place2Be are well managed, and the risk here is low. In 2008, 59% of the charity's funding for school services came from statutory sources; most of the rest coming from voluntary sources. Each of the charity's hubs controls its own budget, and aims to be self-sustaining, though the ratio of statutory to voluntary funding is centrally monitored. Additional voluntary income would ensure the charity's share of funding to schools' services as it grows; more unrestricted funding would allow it to improve its infrastructure.

Summary financial statements

Income and expenditure					Expected
y/e March, £000	2005	2006	2007	2008	2009e
<i>Incoming</i>					
Government and local government	1,728	2,032	1,955	1,816	1,823
Income from schools	711	766	1,285	1,746	1,885
Income from charities and trusts	883	808	527	1,807	1,901
Voluntary income	59	102	304	368	696
Investment income	43	57	94	158	153
Other – gifts in kind	-	226	206	117	69
Total incoming resources	3,425	3,765	4,370	6,012	6,527
<i>of which statutory (£)</i>	<i>2,439</i>	<i>2,798</i>	<i>3,240</i>	<i>3,562</i>	<i>3,708</i>
<i>of which statutory (%)</i>	<i>71%</i>	<i>74%</i>	<i>74%</i>	<i>59%</i>	<i>57%</i>
<i>Expenditure</i>					
Charitable activities	2,986	3,312	3,763	4,789	5,663
Cost of generating funds	31	34	89	169	321
Governance costs	119	118	112	91	112
Total expenditure	3,136	3,464	3,963	5,049	6,096

Balance Sheet					Expected
y/e March, £000	2005	2006	2007	2008	2009
<i>Assets</i>					
Fixed assets	-	-	-	2,432	2,372
Investments	606	962	198	185	147
<i>Current assets:</i>					
- Debtors	200	114	118	109	56
- Cash at bank	406	578	2,393	2,746	3,970
<i>Liabilities</i>					
Current liabilities	318	434	1,077	887	1,625
Long term liabilities	-	-	-	2,004	1,946
Net current assets	288	258	1,434	1,968	2,548
Net assets	894	1,221	1,632	2,582	2,975
<i>Funds</i>					
Restricted & development funds	503	292	283	618	1,836
Unrestricted funds	391	929	1,349	1,964	1,139
Total funds	894	1,221	1,632	2,582	2,975
Reserves (months)	3	4	5	5	5

Assessment

Financial security

Sources of income

The majority of The Place2Be's voluntary income is from companies, and trusts and foundations, although private donations and event sponsorship represent another significant income stream. Work is under way to increase funding from individuals. The Place2Be is attempting to move towards a full cost recovery model for its school services, whereby all of the funding for these services will come from statutory sources, with a 50:50 split between schools and local authorities, however this has not yet been achieved.

Funding by source in two hubs, 2009 (expected)			
	£ schools (%)	£ local authorities (%)	£ The Place2Be (%)
Burnley	£60,000 (30%)	£60,000 (30%)	£78,367 (40%)
Durham	£173,261 (51%)	£31,457 (9%)	£131,788 (40%)

The charity's financial structure is broadly de-centralised: each hub controls its own budget and is financially self-sustaining, though spending is monitored centrally. The Place2Be requires three years of funding to be guaranteed before opening new hubs, to prevent loss of time and money through possible closure.

Reserves and balance sheet

In the 2008 accounts, the charity had net current assets of almost £2m, representing reserves worth five months' current spending. Reserves have grown steadily alongside income over the last three years, and The Place2Be aims to secure six months of reserves as soon as practicable. NPC believes that these reserves are sufficient given the proportion of funding coming from contracted statutory sources.

Opportunities for donors

The Place2Be's work in schools depends in part upon voluntary income to supplement statutory sources. In 2008, the charity began an appeal to raise £8m of voluntary income by 2010, to allow it to expand into new areas of the UK and increase the number of children it can reach. The Place2Be is also running an appeal for its new national training centre in London. There are two particular areas in which donors could help:

Infrastructure: The Place2Be would like to attract donors interested in giving unrestricted funding which could be used to enhance the infrastructure of the organisation. Meeting the costs of running the head office and regional hubs, as well as the evaluation and monitoring programmes, is key to the charity's ability to maintain its school services, yet is not directly supported by statutory funding.

Training: Although The Place2Be now charges for its training courses, some of these are allowed to run at a deficit, particularly where there is a benefit to volunteer recruitment. Donor funding would help The Place2Be to expand its range of training services in line with its objectives for the next three years, and provide bursaries for less advantaged students for both the Foundation and Post Graduate Diploma.

Specifically:

- £36,000 could pay for a manager in one of the regional hubs for one year.
- £100,000 could pay for a training room at the new National Training Centre in Islington
- £270,000 could fund The Place2Be's work with parents for one year.
- £400,000 could cover the cost of volunteer recruitment over the next three years, allowing the charity to expand into six new hubs and double the number of children it can help each year.

Risks to finances

NPC believes that financial risks are low here. The charity has sufficient reserves to cope with fluctuations in voluntary income, and the majority of its funds are statutory, with at least some guarantees of continuity.

However, the continuity of statutory funding to The Place2Be depends upon a funding environment which is currently in flux. In particular, commissioning of children's and adolescent mental health services is being increasingly devolved to local authorities. The Place2Be will have to be successful in gaining contracts through tendering competitions. If local authorities decide to standardise these services across schools, The Place2Be stands to gain significantly—but would also face major funding losses if not. NPC feels that The Place2Be would be a strong contender in the commissioning process.

In addition to maintaining its services, The Place2Be faces a challenge in managing further planned growth. It is in the second year of its 'Now, Not Later' campaign to raise money to finance its new office and expansion. The fundraising targets that The Place2Be has set itself—£15m over the next three years, with £8m to be spent directly on school services—are ambitious. However, this is a target and not a committed spend, so can be adjusted according to the funds it receives. NPC believes that The Place2Be takes a sensible and prudent approach to expansion and that the charity will not be afraid to make changes to its plans over the next year if required. Historically, expansion has been well managed and planned for. Each hub is funded separately through a mix of income from schools, local government and private donors—The Place2Be will not open a new hub without at least three years' committed funding.

There is also a slight financial risk involved with the decision of the current chief executive not to draw a salary: in the event of her replacement, additional funds would have to be found to pay a new chief executive.

NPC's impact

Donors and funders advised by NPC have given more than £1.2m to The Place2Be over the past two years. The charity continues to recognise NPC's contribution, with one member of senior management noting that The Place2Be 'couldn't have come through' its recent period of growth and development without money from NPC's clients. The Place2Be is an excellent and effective charity and NPC continues to recommend it to donors.

Appendix 27

Making a lifetime of difference to children in schools

The Place2Be, 13/14 Angel Gate, 326 City Road, London EC1V 2PT
Tel: 020 7923 5500 Fax: 020 7833 8083 Email: enquiries@theplace2be.org.uk



Meeting Agenda

Date: Thursday 22nd April 2010 – 10.30am-12.30pm

Purpose: Regional Management Forum – London, Wales & South-East and Midlands & North-West

Location: Angel Gate, 3rd floor Training Room

Invited:

Linda Nicklin	Hub Manager - Cardiff
Sheridan Whitfield	Hub Manager – Medway
Jean Gibb	Hub Manager – Brent
Catherine O'Connor (am only)	Hub Manager – Harlow
Marcia Thomas	Hub Manager – Croydon
Marlene Mitchell	Hub Manager – Wandsworth
Rosie Paterson (am only)	Hub Manager – Ealing
Penny Bricknell	Hub Manager – Nottingham
Bernadette Cahill	Hub Manager – Southwark
Lynne Darnell	Deputy Hub Manager – Brent
Angeliki Mazaraki	Head of School Services
Dee Ingham	Regional Manager
* Stephen Adams-Langley (Chair)	Regional Manager
Colleen Howard	Regional Manager
Mick Atkinson	Head of Commissioning and Research
Matthew Audley	Parenting Development Manager

Apologies:

Winnie McCann	Head of HR and Volunteers
David Exall	Head of Training
Angela Kleeman	Hub Manager – Enfield
Fenella Quinn	Hub Manager – Greenwich

		Resp.	Time
1	Attendance & apologies	Chair	
2	Minutes from 18/03/10 and matters arising	Chair	
3	Contractual and Financial Delegation and Sign-off Procedures	Chair	
4	Risk	Chair	
5	Child Protection	Chair	
6	Health & Safety	Chair	
7	Training	Chair	
8	Steering Group Summit	AM	
9	Parent Work	MAu	
10	AOB	All	
11	Date of next meeting Regional Management Fora		
	Thursday May 20 th 2010 – 10.30am – 3.30pm		

www.theplace2be.org.uk

Registered office address: The Place2Be, 13/14 Angel Gate, 326 City Road, London EC1V 2PT Tel: 020 7923 5500.
Registered charity number 1040756 (England and Wales) SC038649 (Scotland). Registered Company number 2879150.

Appendix 28

MEETING OF THE PLACE TO BE
WEDNESDAY 6 DECEMBER 2006
2.00PM – 4.00PM AT WILBURY PRIMARY SCHOOL

A G E N D A

1.	Apologies	
2.	Minutes of the meeting held 21 June 2006 and matters arising	Attached
3.	<p>The Place 2 Be Steering Group Report</p> <ul style="list-style-type: none"> • Hub Manager's Report • P2B Child Protection Policy Update • P2B Business Plan • Enfield Hub Development 	<p>Angela Kleeman Stephen Adams-Langley Stephen Adams-Langley Stephen Adams-Langley</p>
4.	Report from Finance	Denny Grant
5.	Selection of 10 th School	Denny Grant
6.	<p>Children's Area Partnerships</p> <p>➤ Implications for Enfield P2B Hub</p>	Denny Grant
7.	Children's Fund Update	
8.	Feedback from Schools	
9.	Critical Incidence Protocol	
10.	AOB	
11.	<p>Date of Next Meeting</p> <p>2pm – 4pm Weds 14 March 2007 @ Wilbury School 2pm – 4pm Weds 20 June 2007 @ Wilbury School</p>	

Appendix 29



POLICY ON TOUCH AND PHYSICAL CONTACT IN CLINICAL WORK IN THE PLACE2BE

This policy has been written with reference to written policies on physical contact by the Department of Education and Skills and the Ethics for Counselling and Psychotherapy by the British Association of Counselling and Psychotherapy.

- ❖ The BACP code of ethics makes reference to six key ethical principles, fidelity, autonomy, beneficence, non-maleficence, justice and self respect. The principles in relation to physical contact between The Place2Be Counsellor and child are autonomy; respect for the child's right to be self governing and beneficence; a commitment to promoting the child's wellbeing. The code makes reference to values principles and personal moral qualities and can be useful to consider behaviour, boundaries and probity in working with child clients in an institutional setting.
- ❖ The Place2Be interventions are based on promoting autonomy and resilience in the child. As therapists and counsellors we recognise the importance of boundaries and professional standards in working with child clients in a school environment. It is our obligation that our therapeutic interventions and conduct within The Place2Be room does not contravene the BACP code of ethics or the schools policies on health and safety and physical contact between pupil's adults.
- ❖ We need to recognise that all therapeutic attachments in The Place2Be are time limited. We need to be aware of our own potential to encourage inappropriate attachments and dependency which may undermine the child's ability to understand and experience an appropriate attachment and ending with The Place2Be Counsellor.
- ❖ There should be no pro-active touch from The Place2Be Counsellor to the child. Our work with the child is successful without physical touch, and we provide therapeutic attention, listening and presence.
- ❖ In terms of scrutiny and health and safety, The Place2Be does not sanction "horse play", tickling or fun fights, which can escalate the child's ability to manage their feelings and behaviour in The Place2Be room. In the case of a session which has become volatile, it is the responsibility of The Place2Be counsellor to calm the situation and the child. In the event of this not being possible, the Counsellor should consider ending the session and return the child to the class room.
- ❖ Children should be encouraged to distinguish between appropriate and inappropriate touch in the therapeutic work. The primary consideration must be the safety of the child and The Place2Be Counsellor in the school. If a child wants to touch a Place2Be Counsellor, find a creative way to acknowledge his/her wish so that the child does not feel rejected. If a child is upset or crying in a session, a touch of the arm can be an appropriate signal to acknowledge empathy for the child. The child should be left with the reassurance that the next session will take place as usual.
- ❖ Since The Place2Be recruits Counsellors from a plethora of theoretical orientations, it is acknowledged that games and drama may be part of the therapeutic relationship and the

work. However, The Place2Be Counsellors need to be aware of the appropriate psychological and physical boundaries in containing and managing these activities. Health and safety must be paramount so climbing on furniture or tables and aggressive play is not acceptable.

- ❖ Hugging should not take place in The Place2Be room and physical over familiarity and touch should never be encouraged by The Place2Be Counsellor. If the child initiates physical contact they should be gently and appropriately discouraged and attachment issues worked through in words or creative methods.
- ❖ The age and developmental level of the child needs to be considered and since The Place2Be works in infant as well as primary and middle schools, we need to ensure The Place2Be counsellor's understanding of touch is age appropriate.
- ❖ The Place2Be staff and Counsellors need to be aware that even well intentioned physical contact maybe misconstrued by the child, an observer or by anyone to whom this action is described and staff should always be prepared to explain physical contact and be open to scrutiny.
- ❖ The general culture of 'limited touch' should be adopted and this arrangement should be understood and agreed by all, including the School Project Manager, the Volunteer Counsellor and the child. For example, it is quite acceptable to hold an infant child's hand when escorting them to and from the classroom and The Place2Be room. This limited touch approach should be consistently applied to all children in the Counsellors case load and should have been negotiated with the child in the initial contract. Where this has become an issue, The Place2Be counsellor will need to reaffirm this aspect of the contract with the child.
- ❖ Extra caution may be required where it is known that the child has suffered previous abuse or neglect. In the child's view, physical contact may be associated with such experiences and lead to further trauma and The Place2Be staff being vulnerable to allegations of abuse. It is to be recognised that many children who have experienced parental ambivalence or abandonment in addition to abuse, may be extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child sensitively by helping them understand the importance of clinical and personal boundaries in relation to physical contact.
- ❖ The Place2Be adheres to the BACP code of ethics for good practice Counselling and Psychotherapy, this policy can be consulted for guidance in this matter of physical contact.
- ❖ **Supervision is the forum where issues of touch and physical contact initiated by the child should be brought, processed and resolved.**